Practical Remarks ON THE ARREST AND ERADICATION OF SMALL-POX.

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Tracings of small-pox for two months after its importation into Birkenhead. Thirty cases of the disease noted, including one death. The disease, though checked, still progresses. Remarks. Laws of the disease as bearing on its arrest and eradication. The practicability of its ultimate extinction.

THE presence of small-pox remained undiscovered from its importation on May 15th till June 25th, on which date five houses had already become infected from the original focus. From the investigation then instituted, it appears that seven children and their mother, whose husband, William B——, rents the cottage, No. 46, Egerton-street, Birkenhead, were some time ago on tramp, and that one of the children sickened at Darwin, whence arriving at Blackburn, she was found to be labouring under small-pox. After the child had sufficiently recovered, they all rejoined their father in Birkenhead, about the 15th of May. Three more were then attacked, at intervals of about one week apart. All are now (June 25th) well or convalescent, but the crowded and pitted marks on their faces attest the completeness of the disease. All are *said* to have been vaccinated. The children got out of doors quickly, and played promiscuously with the others of the neighbourhood.

June 17th.—Samuel P—— (35, Marion-street), aged twenty-two years, *said* to be vaccinated, was thought to be seized with measles, and sent to the parish hospital; it proved, however, to be small-pox. This youth tended his brother's cart-horses night and morning, at stables immediately opposite to the cottage of William B——, but is not known to have had any intercourse with the infected family. His house is about one-third of a mile distant from that of the latter.

June 18th.—Thomas D—— (17, Egerton-street), aged twenty years, *said* to be vaccinated, was pronounced to be suffering from small-pox, and sent to the hospital by the parish doctor. The dwelling in which he lodges is made up of two cottages, the one opening to the other, and accommodates the chief tenant, his wife and four children, two other families of three persons each, and one single lodger.

June 19th.—Elizabeth McL—— (73, Egerton-street), aged nine years, vaccinated, showed scattered eruption, some of which soon dried up. She is not confined to bed.

June 20th.—Sarah S—— (33, Egerton-street), aged five years, *said* to be vaccinated, showed the characteristic eruption, becoming afterwards confluent; died June 27th. The father, mother, and two children occupied the upper one out of the four rooms constituting the cottage, the other three rooms accommodating the chief tenant, his wife, and four children. All are Irish. The funeral was promiscuously attended by the friends who had held the usual wake on the previous night. An ordinary car was used to convey the corpse and attendants to the grave. Crape hat-bands were given out, and received back for further use into the general stock of the undertaker. The vigilance alone of the sanitary authorities ensured afterwards the renovation and disinfection of the vehicle and the destruction of the hat-bands.

June 20th.—Anne B—— (49, Egerton-street), aged three years and a half, *not* vaccinated, commenced the eruption, which became confluent. She is one of a family consisting of father, mother, and four children. The house comprises four apartments, the first of which serves as a shop, to which the neighbours or their children constantly resort.

June 22nd.—William McL—— (73, Egerton-street), aged three years, *not* vaccinated, was found to have the eruption, which afterwards became only moderately confluent. The dwelling has four apartments, and nine inmates, all of one family.

July 2nd.—John H. B—— (49, Egerton-street), aged seven years, *successfully* vaccinated six days before, was seized with the disease, which went through its course in a modified form.

July 5th.—Richard S—— (33, Egerton-street), brother of deceased case, aged three years, was *successfully* vaccinated on a *second* attempt along with three other children in the same house, about or on June 1st. Small-pox in a mild form and vaccinia each passed through their respective courses.

July 6th.—Mary A. McL—— (73, Egerton-street), aged eleven years, vaccinated, is found to be sickening; some scattered eruption is visible. Afterwards did well.

July 6th.—Robert E—— (58, Egerton-street), aged four years, *not* vaccinated; eruption confluent. Cottage contains four rooms, lodging one family, numbering eight persons.

July 7th.—Anne R—— (19, Lower Ivy-street), aged seven months, *not* vaccinated; eruption scattered. The dwelling *only fronts* in Ivy-street, being over a shop; and the entrance is through a foul back passage into Grange-street, which crosses the top of the first infected street—viz., Egerton-street. Family numbers seven.

July 9th.—George R—— (19, Lower Ivy-street), aged nine years, *not* vaccinated, was seized, and eruption became ultimately confluent. The three remaining children were vaccinated during infancy, and these escaped (Oct. 15th) the disease.

July 9th.—Mary L—— (54, Egerton-street), aged three years; eruption scattered; *said* to have been vaccinated. House has four apartments, in which live father, mother, and three children.

July 10th.—Samuel B—— (49, Egerton-street), aged a year and a quarter, was vaccinated fourteen days previously; eruption scattered; disease modified.

July 11th.—James D—— (13, Carpenter's-row), aged eleven years, *recently* vaccinated; eruption scattered. House has four rooms, and lodges one family of eight. Carpenter's-row is the name of a court at the rear of, and connected only with, Egerton-street.

July 11th.—John M—— (Beckwith-street), butcher, aged twenty-two years, *not known* to be vaccinated; eruption confluent on the 17th, and his face a mask of pustules and scabs. Was hanging much about the infected neighbourhood one evening about a fortnight before. His dwelling is about three-quarters of a mile from it.

July 14th.—Frank D—— (56, Egerton-street), aged six years, *not* vaccinated; eruption confluent. Out at play when vaccinator called.

July 15th.—Up to this date the following (with the exception of the last three, residing in Egerton-street) had also been recently attacked with the disease, and ultimately recovered—namely: Peter McL——, aged sixteen years, and Minnie McL——, aged eleven years, vaccinated; eruption scattered. Anne G——, aged five years, and Michael G——, aged three years, both *recently* vaccinated; eruption scattered. Eliza R——, aged three years, *recently* vaccinated; eruption scattered. John J. L——, aged eight months, *not* vaccinated; eruption scattered. Anne E. D—— (13, Carpenter's-row), aged fourteen years, *recently* vaccinated; eruption scattered. Hannah E——, aged ten years, and Sarah E——, aged four years (77, Jackson-street), *not* vaccinated; sent to hospital. Jackson-street is within a quarter of a mile of the infected Egerton-street, but is completely separated from it by a railway.

The disease had also by this time (July 15th) found its way into the adjoining township of Tranmere. No death from small-pox has been registered this year up to date in Liverpool, on the opposite side of the river, nor is it known that the disease exists there.

Remarks and conclusions.—Egerton-street is boulder-paved. Many confined courts open into it on both sides. The houses are old, many being rickety; all are crowded together, with little or no exterior ventilation. The street, however, has been improved by the conversion of most of its privies into watercloseta. The population partakes largely of the Irish element. Tramps favour the locality.

From an immediate inspection made of Egerton-street and its courts, it was ascertained that only thirty-six children, say under four years, were asserted to be vaccinated, while double the number were acknowledged to be

unvaccinated. Under these urgent circumstances, the medical officer applied for immediate assistance to the public vaccinator (Dr. Braidwood), who promptly responded, and succeeded within two days in vaccinating more than fifty of the unprotected ones. He also vaccinated many in one or two other lines of poor, crowded streets thought to be in special danger. This prompt vaccination ultimately saved many lives. The other medical men of the town were likewise communicated with, and early vaccination suggested. The parish surgeons also exerted themselves greatly to this effect amongst the poor.

Extra scavenging, cleansing, disinfecting, and such modes of counteraction as the laws empowered or permitted, were of course put into immediate operation.

The following table gives the annual number of deaths from the disease during the two preceding epidemics of small-pox in Birkenhead:—

	Deaths.		Deaths.
1856	1	1863	34
1857	44	1864	123
1858	29	1865	37
1859	1	1866	1
1860	0	1867	0
1861	0	1868	0
1862	0	1869	0
		1870 (to Oct. 15)	1

The first invasion is thus seen to have caused 75 deaths, and lasted two years and a quarter. The first two cases occurred during the forty-fifth week of 1856 and the sixth week of 1857, the last during the fiftieth week of 1858 and the 6th week of 1859 respectively.

The second invasion caused 195 deaths, and also lasted two years and a quarter. The first and second deaths occurred during the twenty-fourth and thirty-first weeks of 1863, the last two during the thirty-sixth week of 1865 and the third of 1866 respectively.

The third (or present) invasion was introduced by the immigration of the infected family on May 15th, and the first death occurred in six weeks from that time; but within two weeks more it had already seized on thirty persons *at least*, and had established itself in not less than twelve different centres of infection, though no further death has as yet (October 15th) taken place.

The death point of view is not, however, the only one in estimating the evil consequences of the disease; every death implies also a much larger amount of serious illness, often of tedious convalescence, and sometimes of secret injury, which afterwards shortens life. In the present instance, where all the recorded cases were more or less serious, the proportion of the sick to one death was thirty; but, as all available means were put into active operation on its discovery, this proportion may not be a natural one. Under the worst hygienic and social conditions, with vaccination unknown, the proportion of sick to the dying possibly did not exceed the rate of two or three to one; while, with a better social and sanitary condition, and with the yet imperfect system of vaccination, this proportion is probably raised more to the average of other zymotic diseases, for which, under favourable circumstances and inclusive of slight cases, a proportion of twenty to one may not unreasonably be estimated.

Assuming, however, for small-pox a proportion within the limit of serious cases, say of twelve to one, we shall then find that the number of sick, in addition to the deaths, would be for the first invasion 900, and for the second no less than 2340, in a population varying within the period in question from 31,000 to 54,000 persons.

Such computations serve to give an idea of the prodigious amount of expense, anxiety, and loss of wage to the family, which necessarily falls, in the end, on the whole community. Confining, however, our attention to the loss from deaths alone, and assuming half the usual estimate of £200 per average life as the actual money loss, in consideration of the greater number of children involved, we arrive at the large sum of £10,000 as the loss to the locality for every hundred deaths. Now the average number of deaths per annum from small-pox in England and Wales during the ten years 1851–60 amounted to 4207. Surely these elements show enough of human anxiety, suffering, death, and money loss to the nation at large as will induce the Government to demand and obtain the necessary powers for a decisive abatement, if not the complete extinction, of this public pest. When cattle life and its comparatively small money values were recently swooped upon by rinderpest, governmental and legislative action were beautifully prompt and vigorous. Why should they not be equally active in the prevention of human suffering, in the saving of human life, as well as in the stoppage of an infinitely greater moral and national calamity?

That the laws of small-pox do admit of the disease being checked, and even eradicated in any given place, cannot now admit of doubt. Let us consider them in the light of these Birkenhead facts. Under *existing conditions* these laws are:—

1st. Small-pox cannot be generated spontaneously; the virus of a former case being essential to the production of a new one.

2nd. Small-pox sooner or later dies out in any given locality by exhausting the number of those susceptible to its infection.

3rd. Small-pox does not again make its appearance in the same locality unless by fresh infection from without, or possibly by disturbance of some careless or accidental conservation of virus remaining within its limits.

4th. Small-pox throws off from the cutaneous surfaces more débris for dispersion than other zymotic diseases; and this débris, being a carrier of the infection, renders it more progressively and certainly infectious than any of them.

5th. Small-pox becomes, with certain exceptions, a much milder, less infectious, and more manageable disease where the field of its invasion is completely preoccupied by vaccination.

If these laws are correctly enunciated, and but few will be found to dispute them, small-pox will always be running its course in a sufficient number of places to keep the disease fully alive throughout the country, unless suitable supplementary measures be in constant readiness to be promptly opposed to it whenever and wherever it makes its appearance or secures a footing; not only must the prophylactic of vaccination be ensured to every person, but it is imperative that every individual attacked be at once taken in hand, say, by a trained nurse, aided, if insisted upon, by any near relative under her control, while the remaining part of the household should be comfortably quarantined at the charge of the public for the requisite time.

There are no powers given by sanitary legislation as yet for *compelling* the separation of the sick from the healthy, and the only present way of partially doing this lies in the chance of persuading the very poor to accept the services of the parish hospital; but even this, as far as my experience goes, in Liverpool and Birkenhead, is effected with difficulty, while such a recommendation would be spurned and resisted by all the classes above them. No: whatever is to be done efficiently to stamp out this disease, must be done apart, in the towns at least, from Poor-law agency, to which the independent poor have an honest, unconquerable repugnance, and the dependent poor often the strongest prejudice.

To overcome these obstacles successfully, it will be requisite to conform the necessary plans, including the compulsory powers, to the just rule that, where the rights of innocent parties are interfered with for the public benefit, such infringement should be as tenderly carried into effect as possible, and the proper cost be provided for out of the public funds.

With such powers and provisions, there would remain but little difficulty, on the occurrence of any case of small-pox, in the sanitary authorities at once removing all the other inmates of the dwelling to a comfortable quarantine station for the requisite time, and of isolating and curing the patient in the house, which, with the clothes, bedding, &c., could be effectually cleansed and disinfected before its further use. Treated in this just and considerate manner, no household—as now—would be tempted to persist in concealing the presence of a pestiferous disease, or reasonably—as now—object to the necessary means of stamping it out. Happy would it have been for the sufferers and their families, in the two previous attacks in Birkenhead, if the sanitary authorities could thus have promptly dealt with the first cases infected, and so have arrested all the further consequent disease and misery.

If, therefore, any plan for stamping-out small-pox or

other zymotic disease is to prove smoothly and readily efficient, I repeat it, it *must not*, in our towns at least, be carried out by Poor-law authorities, but by some sanitary authority less repugnant to, and more popular with, the bulk of the people.

The fact that small-pox, like some other zymotic diseases, after culminating in progress and fatality, gradually fades away and disappears, except perhaps in the case of one or two of our very large centres of population, most clearly indicates the weak point in the armour of our zymotic enemy. In the case of small-pox he is already scotched by vaccination; but if the means suggested were always ready for prompt application, it could never re-establish itself in a town after once ceasing in it, and the whole country would ultimately be freed from its lurid presence.

The laws of disease are as certain as those of physics, though infinitely more difficult to elucidate, because of the excessive complexity of composition and forces of animal organisms in comparison with the simpler molecules and reactions of ordinary matter. Enough, however, is already made out to render it certain that small-pox and some other zymotic diseases can be eradicated from the land as surely as ague and malarious fevers have been by the general draining of marshes throughout the country. True it may be that cases will still be liable to get imported from abroad, or even arise again from the casual disinterment of some accidentally conserved virus; but the same method which had previously stamped-out the disease will again as surely annihilate the nascent invasion.

Birkenhead, October 15th, 1870.

BRIEF NOTES ON SOME OF THE MEDICAL AND OTHER INSTITUTIONS OF LISBON, AND ON LEPROSY.

BY THOMAS B. PEACOCK, M.D.

(*Concluded from page 736.*)

THE Foundling Hospital—the Santa Casa de Misericordia—is also a suppressed convent, of which the Church of San Roque was formerly the chapel. It is a large and well-managed establishment. The children are nearly all admitted by the wheel, and no day elapses in which several are not taken in. Some few are brought to the establishment which have been abandoned. After remaining in the institution for a few days they are sent out into the country to nurse; and the peasant women, who chiefly take charge of them, are required to bring them to the institution at stated times, to see that they are properly cared for. On attaining a suitable age they are sent to school; and afterwards apprenticed to a trade, or provided for in some other way. If the girls marry, a marriage portion is given with them. At any time, in cases of sickness or for other cause, they may be brought back temporarily to the hospital; and after the age of eighteen, if they do not marry, the females may return and remain permanently, doing the work of the establishment. I was told that all those employed in the house had been foundlings; and to all the institution is a home to which they may look, throughout their lives, for assistance and support. The widely-extended operations of the charity are shown by a statement of the inmates existing, received, and discharged during the month of July last. It thus appears that on the 30th of June the total number of persons under the care of the establishment was 152,283. During the month of July 253 were received, of whom 221 were admitted by the wheel, and 30 upwards of eighteen years of age, returned for temporary residence. In the same period there were discharged from the establishment 236, of whom 16 were taken away by their parents, 25 above the age of eighteen were temporarily removed, 24 died in the hospital, and 141 out of it; the total number under care at the end of the month being 153,000, and 237 inmates remaining in the hospital. Institutions of this kind have never been looked upon with favour in this country, and it is obvious that they are liable to very great abuse; but we may well consider whether it would not be better to adopt some similar plan, rather than to leave unchecked the destruction of infant life, which, openly or secretly, is a disgrace to our age and country. In discussing the question with an old resident of Lisbon, who accompanied me over the establishment, and to whom I am indebted for much kind attention, when he alluded to the histories of "baby-farming," of which the English papers were full at the time, and asked whether a great abuse were not to be preferred to such practices, I could not but agree with him. In this country, in reference to this, as to another great social evil with which we are all only too familiar, we have tried to shut our eyes to the facts, and refrained from exposing them lest the public morality should suffer; while our neighbours have, perhaps somewhat too openly, interfered, endeavouring, as they think they cannot remove the vice and crime, to rid them of some of their evils. The wise course of action probably lies between the two extremes. The causes seem to be inherent in our present state of society, and the evils tend rather to increase than to lessen. They should therefore be met, not by trying to convince ourselves that they are only slight and temporary, but by an earnest effort, if we cannot remove them entirely, at least to lessen them as much as may be, and to protect, as far as is in our power, the victims from their effects.

The only other institution which I visited at Lisbon was the Royal Orphan Asylum,—the Real Casa Pia. This occupies the buildings of the old Convent of San Geronimo, at Belem, which are undergoing a complete restoration. The asylum was founded by Dona Maria and Don Pedro, and contains nearly 1000 orphan children, who receive a literary and industrial education, and are discharged when they have learned some trade by which they can support themselves. The magnificent church and convent of Belem were erected by Don Monoel in 1500, on the site of a hermitage built by Prince Henry, the navigator, in which Vasca di Gama and his companions spent the nights in devotion before sailing on their voyage to India, in 1497. Perhaps most persons will think his great achievement is fully as well commemorated by the Orphan Asylum which at present occupies the site as by the institution which preceded it.

The most interesting feature, in a medical point of view, of my visit to Lisbon was, however, the opportunity which it afforded me of seeing the cases of leprosy in the Hospital San Lazaro. This institution I twice visited, and on the second occasion had the company of Dr. J. G. Carvalho da Silva, and took brief notes of the cases which I saw there. As before mentioned, the hospital would afford accommodation for about forty patients, and there were said to be thirty-nine (twenty-six males and thirteen females) in it at the time; I found, however, only twenty in the wards.

Of these cases, two were chronic cutaneous affections, not leprous—one probably syphilitic; the others presented characteristic examples of one or other of the two forms of elephantiasis or lepra Græcorum. This affection is well known in Portugal—so much so, indeed, that it has received popular names, the term "morfeia" being applied to the tubercular form of the disease, and "gafeira" to the anæsthetic. Of the first variety there were ten cases in the hospital; of the latter, five; and in one case the two forms were combined.

1. The tubercular form of elephantiasis, or lepra, or morfeia, is characterised by the appearance of hard, shining, red or brownish coloured spots, generally about the size of a pea or bean, which appear about the eyebrows, cheeks, nose, lips, and chin; and the backs of the hands are also often affected. These spots may be isolated, or there may be several together; and they are generally combined with thickening and hardness and lobulation of the adjacent skin, so that the parts become greatly deformed. I could not ascertain whether the sensation in the tubercles and their neighbourhood was impaired, but they certainly were not tender. In some cases—and there was one very characteristic instance of the kind—the whole face becomes very much enlarged, studded with hard red masses or tubercles, and the skin generally much lobulated, especially about the eyebrows, nose, cheeks, ears, lips, and chin, so as to give to the patient an expression of peculiar fierceness, and to well merit the name which was formerly sometimes given to the disease—"leontiasis."

With the progress of the disease the eyelids become

affected, and the hair of the lids and eyebrows falls off. The lids are everted, the mucous membrane is reddened and thickened, and the caruncule lachrymales are large and red. Subsequently the cornea becomes opaque, and the whole globe enlarged. At a still later period the tubercles ulcerate at their points, and become covered by small scabs; fissures form in the adjacent skin, the cornea ulcerates, and the globe collapses. The disease also involves the interior of the mouth and fauces, and, spreading to the larynx, causes the voice to be peculiarly gruff and raucous. At a still later period the patient becomes very greatly emaciated and enfeebled, and the voice, though still harsh and grating, is so low as to be scarcely audible. Blindness from different causes seems to be a very common result in the advanced cases. Several patients had one or both of the globes enlarged, the cornea opaque, and conjunctiva thickened; in others the eye was entirely collapsed; and in one case there was cataract in both eyes.

2. In the anæsthetic form—or leprosy of the bones or joints, or gafeira—the integuments of the hands become dry, thick, and hard; the fingers and thumbs contract, and are drawn into the palms. Ulceration then appears on the projecting points of the contracted joints in the form of an excavating ulcer, covered with a dry scab; and this proceeds till the corresponding phalanges become loose, and work their way out. The nails, however, are unaffected; so that they continue to grow from the ends of the fingers in cases in which one or even two or more of the phalangeal bones have been lost. With the commencement of these changes the sensation in the affected part is impaired, the impairment being first noticed in the fingers; subsequently it involves the hand, and becomes entire loss of feeling; and this may ultimately extend to the forearm and arm, even as high as the shoulder, in cases where the hand is extensively affected. The changes described are not limited to the upper extremities, but involve the feet and legs also, the skin becoming numb, thick, hard, dry, and unyielding; the toes then contracting, the bones ulcerating out, and the loss of sensation extending to the ankle and knee. In one case, that of a man seventy-seven years of age, who had been the subject of the disease for nine years, the sensation in the foot and leg was so entirely destroyed that he stated he had had the skin scalded off by his feet being placed in too hot a dressing, without being at all conscious of it. The ulceration is not limited to the projecting points of the joint, but fissures and scabs also form in the thickened skin.

In one case these two forms were combined. In this instance, the patient a man seventy years of age, there was marked impairment of sensation; the fingers were contracted, and ulceration was commencing in the hard, dry skin over the joints; but no bones had been lost. There were also tubercles about the face; the conjunctiva over the globe was red, thick, and rough; the eyeballs enlarged, the cornea opaque, and the sight entirely destroyed. The patient had been affected with the disease for twenty years.

The two forms of the disease occur in both sexes. Of the cases of the tubercular leprosy, or morfeia, ten in number, three were males and seven females; of the anæsthetic form, or gafeira, eight in number, six were males, and two females.

The age of the patients affected with both forms of the disease was, on the average, in males 52·7, and in females 42·6, giving a mean of 48·07, and a range of from 25 to 45 in men, and from 24 to 53 in women. The mean age of the patients suffering under tubercular leprosy was 39·8; from the anæsthetic, 52·7, which may indicate either that the anæsthetic form occurs at a more advanced age, or less rapidly destroys life. This conclusion seems borne out by the ages both of the males and females suffering under the two varieties of the disease. Thus the mean age of the men with the tubercular form was 32·6, and of the women 43; the mean age of the men with the anæsthetic form was 62·8, and of the women 51.

The cases of which I possess notes are too few in number, and the notes, being taken through an interpreter, too little to be depended upon, for me to speak confidently on several of these points; but it appears that both these assumptions may be correct. Thus, in the cases of tubercular leprosy, the mean period of illness was 11·5 years—14·3 years in males, and 10·1 in females; and the range was from 6 and 7 years to 15 and 18. In the cases of anæsthetic leprosy the mean duration of illness was 19·8 years—in men 23 years, and in woman 12 years; and the range from 1¼ and 4 years, to 40 and 42 years. From this calculation the case in which the two forms were combined is, of course, excluded. In this, as before stated, the patient was seventy years of age, and had been affected for twenty years.

The disease, in both its varieties, apparently runs its course in very variable periods in different cases. Thus, in the cases of the tubercular leprosy, one which presented the disease in a very characteristic form—the case to which I have said the term leontinasis might be given,—the patient had been ill nine years, and other cases, which were also well marked, had existed six, seven, and twelve years. On the other hand, a patient who had the larynx affected, and much disease about the face, had been ill fourteen years; and a second, a female fifty-four years of age, in whom the voice was raucous and so feeble as to be scarcely audible, and in whom the emaciation and exhaustion were extreme, so that the patient was evidently near the fatal termination, had been ill fifteen years. A relative of this patient (I think the daughter) was also in the hospital; she was twenty-four years of age, presented the tubercular form of the disease in a slight degree, and had suffered from it for six years.

Of the cases of the anæsthetic form, one patient, in whom the skin of the hands was dry, hard, and thick, the joints contracted, ulceration commencing, and the loss of sensation very marked, but in whom no bones were lost, was said to have been ill only a year and a half. A second similar case, in which the remarkable loss of sensation has been mentioned, had had a duration of nine years; and a third, also similar, of fourteen years. Of cases in which the disease was more advanced, one or more of the bones of the fingers and toes having separated, the duration was stated to have been four years, fourteen years, and in two cases twenty years. The case in which the two forms were combined was also, it will be observed, of twenty years' duration. These dates confirm the statement made to me that the disease is ordinarily a very prolonged one, only proving fatal after from fifteen to twenty-five years have elapsed from the commencement of the symptoms. I was, indeed, particularly struck with the appearance of health and vigour presented by several of the sufferers, more especially those labouring under the anæsthetic form, who were yet stated to have been affected for many years, and had attained advanced periods of life.

I had no opportunity of obtaining satisfactory information in reference to the morbid conditions found on the bodies of those who died of the disease. I was, however, told that the fatal event is generally brought about by the mucous membrane of the air-passages and of the digestive organs becoming involved, giving rise to laryngeal and bronchitic symptoms, and to diarrhœa.

Many years ago I had the opportunity of seeing leprosy as it exists in the East, and published a short notice of cases which I examined at the hospital near Colombo. In this I applied the term tubercular elephantiasis to both forms of the disease—the tubercular proper, and the anæsthetic,—which we now clearly distinguish. Allowing, however, for some confusion in the description on this account, the report given, and the recollection which I retain of the disease as seen in Ceylon, leave no doubt on my mind that the cases which I have recently had the opportunity of examining in Lisbon are essentially the same with the Oriental leprosy; and this conclusion is entirely confirmed by the report of cases of Ceylon leprosy by Dr. Kinnis. From the account, by the same writer, of the affection as it prevails in Mauritius, and by various authors in Madeira and the West Indian islands, and especially the recent full and able report of the Royal College of Physicians on the affection as it prevails in many of our tropical colonies and possessions, there can be no doubt that the disease is in those different localities of a similar character. The writings of various travellers, who have visited Iceland and the Faroe Islands, and the elaborate work "On the Spedalsked of Norway" by Danielssen and Boeck, are equally conclusive in showing that the leprosy of these countries corresponds in every essential particular, with that known in other parts of the world. Sir James

Simpson, in his interesting and learned papers, has also proved that the leprosy of the middle ages, in this and other countries, was the same affection which now exists in the different localities referred to. How, therefore, are we to explain the existence of the disease at the present time in such widely different and distant localities? What is there in common in the circumstances of the inhabitants of Portugal, the peasants and fishermen of Norway and Iceland, the coloured population of the West Indian islands, and the natives of Mauritius, Ceylon, and continental India, which exposes them to its attack? To what ameliorating influence are we to ascribe the almost entire disappearance of the disease from the more temperate portions of Europe, where formerly it affected in some degree all ranks of the population, and prevailed so extensively that there were numerous leper hospitals in every country? On the discussion of these questions, interesting and important as they are, I forbear to enter, for I have no new information to communicate; but I may briefly remark that the idea of the propagation of the disease by contagion, once so generally entertained, seems to be entirely abandoned, and hereditary influence, though it may operate to some degree in its development, cannot do so to any marked extent. It may also safely be affirmed that the disease cannot depend on any peculiarities of an atmospheric or telluric nature; for it is found to prevail in countries under the most different and even opposite conditions of climate and soil. It is equally impossible to ascribe its production to the common depressing causes as to poverty and its attendant evils, and uncleanliness; for these are found to operate as powerfully in districts that are entirely free as in those in which it prevails. We may also safely conclude that a disease characterised by such a definite train of symptoms can only arise from some equally definite and specific cause. It seems therefore the most probable assumption that leprosy owes its origin to some peculiarity of diet, as has been shown to be almost certainly the case with the somewhat similar disease, pellagra. It has indeed long been supposed to be due to the consumption of fish, fresh or salted, in a state of decomposition; and the probable product of the affection by diseased or unwholesome fish has been recently contended for by Mr. Hutchinson. How far future observations may support this idea remains to be seen; but I may remark, in reference to the localities in which I have myself seen leprosy, that in both the class of persons who suffer from it consume fish, fresh and salted, largely; and it is said to be often eaten when in an unwholesome state. In Portugal, indeed, the popular opinion is that the disease owes its origin to this cause.

Finsbury-circus, Nov. 1870.

DELUSIONS AND HALLUCINATIONS.

BY J. HAWKES, M.D.,

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IT is commonly supposed that the insane are invariably subject to delusions; but in how many instances we fail to note the existence of either delusions or hallucinations must be known to all who have any experience in lunacy practice.

Hallucinations are not impossible to even sane persons, arising it may be from some passing functional disturbance of the system. When protracted, they may become the source of confirmed delusions, and usher in an attack of insanity. Hallucinations of the senses of sight and hearing are among the most common, though they have been known to be confined to taste and smell. The subjoined cases are compiled from the records of a large public asylum, the name and date of each being for obvious reasons omitted. They are mostly inserted in the order of their admission; and it is curious to observe how closely the delusions in some instances resemble each other, those of wealth and rank being most common.

J. B——. On returning from work in the evening a fire broke out in a house near his residence. He was prevailed on by his wife not to go out to see it. Next day he said he was glad he had not gone, as he learned that the fire was caused by a rocket thrown into the house for the purpose of alluring him into the street, where persons were waiting to seize and murder him. The following day he was depressed, but rallied, and for nine months gave no further evidence of insanity.

J. C——. Three years previous to the attack had a fit in the street, attributed to excessive heat and great mental anxiety. Was ill for some weeks, and then recovered, when it was observed that his memory was defective, and he was fidgety, irritable, and sleepless. Said that the sun and stars appeared together in the firmament in the daytime, and that sometimes the moon appeared with them. Said he could contract with market gardeners, and open green-grocery shops all over London, and thus amass much wealth. Became violent and excited, and was taken by the police.

J. A——. Threatened to cut his wife's throat; broke furniture and crockery; talked incoherently; hesitated in speech; said he was rich, and had rich relations. Fancied that he could prevent the stone of the Houses of Parliament from scaling off, and wrote to that effect to several members of the Government. Bid at auctions without having means to pay deposits. Bet at races on the same principle. Was taken to the workhouse.

T. T——. Failed in business; fretted much, and drank to excess; became insane; was sent to the workhouse, and discharged in two months, recovered. Became a sheriff's officer; was put in possession of an hotel, on a warrant, where he remained for a fortnight, drank hard, became excited, talked incoherently; said that he had visions of hell and heaven; that he and his wife were both ill, and could not recover; that they were poisoned. Became restless and violent. Was removed to the asylum.

W. H.——. Had a previous attack, from which he recovered. About six years ago, when perusing an old will, he fancied he was entitled to much property; consulted solicitors, but received no encouragement; became irritable; drank to excess; squandered his money; took articles out of the house to pawn; spent the proceeds improperly; was violent, threatened to stab his daughter, and was removed to the asylum.

R. P——; an itinerant lecturer in the employ of a temperance society. Had no occupation for the last nine months; was depressed in consequence; feared he should come to want; slept badly; took a great dislike to his relatives; talked incoherently; said he should go to hell if he remained at home; wandered about the streets for two days, shouting loudly and unmeaningly. Was sent to the asylum.

R. C——; a gardener. Complained of headache two years before the attack; became irritable and hasty in temper. Six months from that time he swooned suddenly when at work, and was unconscious for an hour. Shortly afterwards it was noted that he had lost his memory: forgot the directions given him, and paid no regard to the time of day; thought morning was evening. Talked of his wealth and large possessions, his horses and carriages. Became imbecile; wandered about the country; was found by the police, and brought to the asylum.

A. T——; a baker; member of the Baptist persuasion. Fretted in consequence of ill-health. Said he was under the influence of evil spirits, and that they would kill him. He often cried out "Be gone!" and moved the handle of a broom rapidly backwards and forwards for an hour or more, continually crying out at the same time, in a loud voice, "Down, down to the bottomless pit! I use the sword of faith!" He said the spirits told him he must drown himself. Lately he had a severe fit, and was brought to the asylum.

D. M——; a butler. Went with his master to Scotland last season, grouse shooting. Appeared well, and conducted himself rationally till Michaelmas, when he became restless and unsettled. Said there was a conspiracy among the servants to poison him; in consequence he took food sparingly, and at last refused it altogether. Returned to London. Went to his friends; but, in consequence of his strange manner, they refused to receive him. He said there was a conspiracy against the Queen, and that he had met and stopped the train containing the conspirators, and so foiled their design, and that these persons were in pursuit of him, and would kill him.

J. H. P——. Was in a railway accident from collision.

Was taken in a state of unconsciousness from under the dead bodies of his fellow-passengers and the fragments of carriages. Was under medical treatment for three months. Resumed his work at picture-frame making. Was forgetful, dull, and heavy. Became excited and violent. Fell apparently in a fit; recovered. Talked incoherently. Said he had been in heaven, and seen God; believed him to be a kind-hearted, liberal gentleman, who had given him everything he wished for.

J. D——; hatter. Steady, sober, and industrious. Failed in business. Became affected in mind on unexpectedly seeing the dead body of his father-in-law. Said the death occurred from poison, and accused his brother-in-law of the deed, also of endeavouring to poison him. Soon after he affirmed he could receive and answer questions from the most remote parts of the world, being himself a telegraphic machine.

W. C——; cab proprietor. Was kicked by a horse in his stable; remained unconscious till the next day. Complained ever since of headache and giddiness. Three years afterwards talked incoherently and boastfully. Said he was rich, and that he should buy cabs and horses. Complained of numbness in his hands. Became excited and violent; neglected himself, and threatened to commit suicide.

C. S. R——. Has been twice previously in asylums. A year previous to this attack he became morose, shunned society, disliked his relatives. Was at times violent and destructive. Said he was Jesus Christ, the son of God; that he could perform miracles; that he was as strong as Sampson, and could destroy all opponents.

G. H——; gardener; a Wesleyan, of sober, steady habits. Took to sitting up late, reading books on horticulture and religion. Remained at his work all day without taking meals. Was reserved and depressed. Said his master disapproved of and would dismiss him; that there was a conspiracy against him; that his fellow-servants intended to murder him and his wife. Gave up his situation; took a lodging in the village, refused food, became violent, and was brought to the asylum.

T. W——; a grocer. Failed in business; fretted; became violent; talked incoherently; said that the devil was in quest of him, that his cousin was Satan, and that he should kill him to relieve the world of a perpetual nuisance. Attempted to choke himself.

C. B——. Complained of headache and giddiness, and inability to sleep; became irritable in temper. Said he was watched, that he was accused, and that spies were following him about. Walked the streets at a rapid pace, and said to those whom he met that he understood telegrams, that he understood them better than Sir Richard Mayne; that he understood his master's business as well as himself, and the business, thoughts, and feelings of all persons by means of them. Declined to do his duty as a coachman; said better things were in store for him; became excited and violent.

W. H. A——. Said the police were constantly following and watching him. Began to have elated ideas; said he was in high estimation with the public, that a subscription was being raised to purchase an estate for him, and that he was divorced from his wife and married to the Queen. He went several times to Osborne and Windsor to see Her Majesty; failing this, he wrote letters, which were placed in the hands of the police, and he was arrested.

G. B——. Fretted at a disappointment in love; became insane. Went to his friends, and got a situation as a servant. Wrote letters to the Queen, which he delivered at Buckingham Palace and Windsor, representing himself as a Prince, and proposing for one of the Royal Princesses. Injured his head from a fall.

G. L——; a porter at an Italian warehouse. Two years ago said he was a person of importance, and must take a prominent part in the settlement of the Reform Bill; fancied that the Queen had become a Roman Catholic, that all his friends and neighbours had done so, and wished him to become one. He said electricity was practised upon him for this purpose; that the Queen wished him dead, in order that his wife might marry John Brown; and that he was to be poisoned. Threatened to murder his wife and children, and consequently was brought to the asylum.

W. J. W——. Did not go to bed for two months; talked of suicide. Said he was possessed of wealth and talents; that he is Prince of Wales, and that the Queen is his sister. Invited the magistrates and gentry of the neighbourhood to a rat-hunt. Attempted to set fire to the house, and was removed to the asylum.

G. C——. About four years ago complained of headache and giddiness; slept badly; had loss of appetite. Came home one night much frightened; said he saw the devil. Was timid the next day; said he saw persons following him, and heard voices saying, "Don't enter that house; you may enter this. Walk at the right side of the street, not at the left." He became gradually better; however, the hallucinations returned. He grew violent, and was sent to the asylum.

W. L——. In active business as a merchant. Became very weak and disinclined for business. Suffered from headache, giddiness, and pains in the limbs; attributed to anxiety and overwork. Frequented houses of worship; was reserved; said electricity was discharged at him by some invisible agent. Addressed letters to the Chancellor of the Exchequer, the Prime Minister, and others, demanding compensation for these wrongs. Used strange expressions; threatened violence; and was removed to the asylum.

G. W——. Of steady habits, constant in attendance at church, and spent much time in reading religious books. Served as a soldier in the Crimean war; returned to his previous occupation as an agricultural labourer; became involved in pecuniary difficulties; was depressed; talked incoherently; became violent and noisy. Said he was authorised by apostles, angels, and holy spirits to preach the gospel; that he was to be a second Messiah, and appointed to save the world.

W. R. R——. Talked strangely and in a most unconnected manner from one subject to another. Said that a clerk in the Parcels Delivery Company's office sent him to a baker's shop for a loaf of bread for the Queen. Said he was dying, and asked his mother to look at his hands as a proof of it. Said his brother imitated the Duke of Edinburgh in gait and dress, and unless he desisted he would be sent to the Tower for life. Shut himself for more than a year in his room; sat up all night writing poetry; stayed in bed all day. Said his food was poisoned.

J. M——; Baptist; a commission agent. Has been declining in mental power for three years. Took to reading the Scriptures and religious books to excess. Has constantly said for two years he has committed a great sin, for which he was being punished. Complained of headache and giddiness. Slept badly, going from room to room, flying, as he said, from the vengeance of the Almighty; that God would dash him to pieces with a thunderbolt, and hurl him into everlasting perdition. At length he had a fit, was insensible for two days, and was sent to the workhouse.

J. J. M——; Roman Catholic; glazier. Read books of a religious character. Three years ago he felt a strong desire to become a priest, and expressed it to the clergyman of his chapel, who placed him at a seminary, whence after two years he was sent home, stated to be of unsound mind. Was for several weeks depressed; afterwards violent and noisy; shouted loudly; talked incoherently; blew his breath upon persons, and said he had authority from the Almighty to do so—that they would become as he was, inspired—that he was a priest anointed of God. At length, being intractable, was sent to the asylum.

D. P——; a Jew; dealer in glass. Suffered from headache and giddiness. Three years ago had an apoplectic seizure, from which he recovered and resumed his business for two years, when he began to make mistakes in his accounts, omitted to make entries, and gave credit indiscriminately. He then fancied persons were concealed in his house in order to kill him; entertained delusions as to wealth; said he was rich and should build a fine house; bid at auctions for expensive furniture, gold and silver ornaments, &c.; ordered splendid dresses for his wife; walked about the streets; lost his way; picked up cinders, chips, and pieces of paper; went into fruit-shops and took goods without paying for them.

L. C——; a baker. Formerly intemperate; has been latterly sober and steady. Failed in business; fretted in consequence. Had headache; slept badly; walked the house at night; memory failed; lost his way in the streets; could not recollect his address; stammered; talked largely of his wealth and prospects; said he should pull down his house and rebuild it on a larger scale, also he should build

others; put cinders into the oven, saying they would melt into precious metals; filled bottles with dust, calling it gold-powder.

G. B——; a gas inspector, in constant employment. Suffered from ill-health. Became anxious in consequence of the increased work in connexion with the entertainment to the Belgian Volunteers at the Agricultural Hall. Was unsettled. Slept badly. Left home suddenly, after having spent several hours in poring over accounts. Returned the next night, and altered one figure in the account, stating that the calculation had occupied his attention that day and the previous night, to the exclusion of everything else. He was depressed, and accused himself of not doing his duty, of receiving money without earning it, &c. Fancied he was followed by persons with a warrant to arrest him for taking money without deserving it. Continuing in this way, he was sent to the asylum.

H. C——; glasscutter. Has suffered from a decline of business in consequence of the introduction of moulded glass, and was compelled to work in the docks. Earned but little, and fretted at his poverty. Said England was overrun with foreigners, and trade ruined by the abolition of Protection duties; that persons in the streets were French spies sent over to organise an invasion. Attempted suicide. Complained much of headache and giddiness, rolled his eyes, and was excited. Talked incoherently and boastfully of his wealth and prospects. Frequented places of worship, contrary to his habit. Said he was a prophet sent from God to warn the people that the world was coming to an end. Refused to eat or drink for fear of being poisoned by foreign invaders, whom by inspiration he recognised and was able to destroy.

(To be concluded.)

WHAT WE OBSERVED DURING A RECENT VISIT TO THE SEAT OF WAR.

BY

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AND

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(*Concluded from p. 740.*)

AFTER leaving Saarbruck, the only further opportunity we had of seeing a hospital was at Mayence, where we paid a very hasty visit to one of the permanent military hospitals. This probably serves as a type of the others; but many have been established in the large towns on the plan of the Belgian Ambulance already alluded to, which is an adaptation of that employed on a very large scale in the American war with great success.

The Barrack Hospital we saw contained 525 patients, as an index in the entrance-hall informed us, on which were also marked the names of the physician and surgeon of the day, along with other particulars, among which were detailed the number of patients in each particular ward. The hospital was almost entirely filled with wounded men. One ward which we entered was numbered "80," in which were six patients, all Frenchmen. They expressed themselves as being quite comfortable, and well provided for. One had a half-filled bottle of wine by his side; another was eating chocolate; another smoking. As far as our observation extended, and judging from all we heard, no difference whatever was made between the French and the Prussians in any of the hospitals, of whatever nationality. We were told, however—but cannot vouch for the truth of the statement,—that, as a rule, only French soldiers were taken in the French ambulances.

Our travels beyond Mayence to Kehl and elsewhere were devoid of any medical interest, so that we need not here relate any details of that part of our journey.

We will conclude this paper by making a few general remarks on what we have already endeavoured to describe. One satisfactory feature stands out prominently in regard to the present war. Enormous as the number of the killed and wounded has been, there has probably never before, in any large war, been such a large proportion of the latter who have recovered. This result is attributable no doubt to many causes, but the principal have been the multifarious ways in which provision has been made for attending to the wounded and sick, and the manner in which they have been treated. Fresh air has been deemed of more vital importance than heretofore, and in most instances ample means have been adopted for securing a full supply of it. Then, again, the food supply has been in most instances better managed than it could have possibly been had the administration of it been left simply in the hands of the conquerors; for it should be remembered that in this war the Prussians have had to provide, not only for their own people, but also for a very disproportionately large number of French. It is manifest enough that the French commissariat, as well as the medical department, has been an utter failure. One thing is sufficiently clear, that in those buildings in which there has been the most perfect natural ventilation the immunity from hospital diseases has been greatest; but this alone does not explain why in some large buildings, such as churches and other high places, the mortality has been so large. We have come to the conclusion that ill-ventilation alone is not sufficient to account for the difference. It has been observed that in churches, barns, and other similar buildings, which have been long uninhabited, or never inhabited at all, there the mortality has been greatest. This result has not always manifested itself at once, but, as in the case of the riding-school at Saarbruck, after being used for some little time.

In the case of our own new North Staffordshire Infirmary, in that of the new infirmary at Aylesbury, and, it has been stated, in the new Leeds Infirmary—all built upon the best possible plans,—as well as in many other new institutions, the surgical cases have at first turned out unfavourably. This circumstance is so singular that, taken in conjunction with what we observed among the unused buildings at the seat of war converted into hospitals in which similar bad results followed, it set us thinking why it should be so. The only probable explanation which suggests itself to our minds is this: that there must exist in new buildings, and for the same reason in buildings unused for habitation, some damp miasma which must act injuriously on the wounded. What the nature of it may be we are not prepared to say; but that some such cause exists for the ill-success attending them we feel certain. In some of those we saw—e.g., in some of the churches—holes had been made, accidentally or purposely, in the roof and walls, which allowed of a fair amount of air-circulation through; still bad results followed. Again, in some private houses where the wounded were lodged the same occurred; but in this case it might almost invariably be traced to a dislike which either the patients or their attendants had to the admission of air. Where the ventilation by windows and doors was well managed in them, as a rule the results of treatment were favourable.

This subject is, we venture to think, one which deserves some investigation; and we should be very glad to hear the opinions of those who have had larger opportunities of observing, as to whether the view we have expressed may not give the true explanation of why in some buildings (*cæteris paribus*) the patients recovered so favourably, while in others the results were so fatal.

So far as the *treatment* of the cases is concerned, nothing absolute can yet be known regarding the rate of mortality among them as a whole; but it is abundantly clear that the plan generally acted upon has been both a scientific and a successful one. It appears to have been throughout the aim of the surgeons to trust very much to nature; to secure rest as much as possible, and cleanliness by the adoption of frequent dressing and washing of wounds; to give as little actual medicine as was really necessary, and to secure a full supply of wholesome food. These conditions, with a well-ventilated room and good nursing, have yielded unusually favourable results. Where from any cause this plan could not be fairly carried out, success has been diminished.

With respect to *nursing* we cannot say much; but we everywhere heard the conduct and usefulness of many, indeed all those English ladies who have so nobly gone out to help, spoken of in the highest terms. The work is undoubtedly, as has been well said, "disgusting and divine"; and those who have done and are doing it deserve the highest praise. Such labour is a very different matter indeed from the *dilettanti* work at home with which so many

self-complacent young ladies like to be amused, while at the same time flattering themselves that they are doing a noble work. We could well dispense with these; but for such nurses as those at Sedan we cannot be too thankful.

The organisation, or, more correctly speaking, the want of organisation, of the English National Society, is a point about which we should like to have said a few words; but we have already expressed our criticisms so freely, and have already taken up so much space, that we must leave this subject untouched.

Hanley, Staffordshire, October, 1870.

TWO CASES OF

SUDDEN DEATH FROM UNUSUAL CAUSES.

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I VENTURE to publish details of the two following cases, because I think they will prove not uninteresting to most members of the profession on account of their rarity, and because it is due to the interests of pathology that such cases should be placed on authentic record, and not passed by unheeded.

CASE 1. *Rupture of Abscess of Cerebellum, causing Compression of the Medulla Oblongata and Sudden Death.*—William W——, fellmonger, aged thirty-eight. When admitted, on April 29th, 1868, was found to be suffering from simple dementia. His history, from admission up till about a week before his death, is as follows:—He was always harmless and free from excitement; he generally moped about, and seldom or never employed himself usefully; he was much given to turning "head over heels" in the airing courts and ward, and even in bed he could not resist this peculiar propensity. He was also in the habit of jerking his head backwards and to the right. On Nov. 21st, 1869, about five days before his death, he was observed sitting on a seat in his ward complaining of a violent pain in the head. The pain seemed to come on in paroxysms, for he frequently put his hands to his head, and screamed, groaned, or stamped his feet on the floor. It may be here observed that at this time, as well as up to the time of his death, the patient took his food well, and exhibited no symptoms of constitutional disturbance; and, as no further information could be obtained from him on account of his demented condition, he was simply ordered to be kept under observation. From Nov. 21st to 26th he was, on several occasions, noticed to be in the condition above described; and, for two or three nights before his death, he frequently awoke the other patients who slept in the same dormitory as himself by his screaming, and by his getting out of bed and turning head over heels. On the night preceding the day of his death he was unusually restless and noisy in this especial manner. I may here state that it was not unusual for the patient to have two or three turns over in bed before going to sleep; but it was extraordinary for him to get out of bed to do so, or to scream so as to awaken the other patients.

On the morning of Nov. 26th, at "getting-up" time, the patient asked the attendant in charge of his ward to allow him to remain in bed, as he did "not feel well," and his request was granted. About an hour and a half afterwards the attendant brought patient his breakfast, which consisted of a basin of flour-and-meal gruel with a piece of bread; and, leaving him to eat it, went elsewhere. On the return of the attendant, about twenty minutes afterwards, to take away the basin, patient was found dead, being slightly livid, and a little froth existing about the lips. The occurrence was immediately reported to the medical officers, who saw him soon afterwards and made the following observations:—Patient was quite dead, and there was little or no lividity of the face or lips; all the gruel had been consumed as well as half of the bread, the other half lying on the bed near his right hand, which was outside the bedclothes; the left hand was under the bedclothes, which were undisturbed; and the patient was lying on his back. There was no bolus of food in the mouth or at the top of the pharynx, and, as the patient was not in any way paralysed, there was no reason to believe that he had died from accidental choking.

Sectio cadaveris.—The head and thorax were alone examined. The lungs and heart were found to be quite healthy; the heart was flaccid.—Head: The whole of the cerebrum and its membranes presented a healthy appearance to the naked eye. On removing the brain *in toto* from the skull, after the usual manner, a quantity of greenish-yellow pus was observed to issue from the top of the spinal cavity and from around the cord at that part. The inferior surface of the left lobe of the cerebellum, which was free from adhesions, was found to be of a brownish-yellow colour, and its substance softened and disintegrated. The affected part of the lobe had the appearance of a pouch containing fluid, and, on shaking it, visible fluctuation was caused. No distinct hole could be made out, but the tip of the finger could be passed through and between the disintegrated fibres into a cavity in the left lobe, which was duly exposed on section, and found to be about an inch and a half in diameter, and to be partly filled with a greenish-yellow pus of the same nature as that which had already been observed to flow by gravitation from the top of the spinal cavity. The abscess was not encysted, and had no lining membrane. The other lobe of the cerebellum was quite healthy, as were also the medulla oblongata, the spinal cord, and their membranes.

CASE 2. *Sudden Death from Rupture of the Heart.*—Elizabeth D——, on admission, in July, 1862, was sixty-three years of age, and found to be suffering from melancholia. Her history, from admission up till the time of her death, is as follows:—She was always quiet and inoffensive, and generally assisted in the kitchen. She had continued to gain flesh ever since admission, and at the time of her death was very stout. She had become considerably demented during the last year or two of her life. On the evening of the 25th of April, 1870, at bedtime, while undressing, the patient fell down dead. About five minutes after she had dropped down she was seen by the medical officers, and found lying on her back on the floor beside her bed. She was partly undressed and quite dead; the face, lips, and tongue presented a livid appearance. She had taken her tea, as usual, about an hour and a half before going to bed, and had worked in the kitchen most of the day.

Sectio cadaveris.—The body was very well nourished, and the subcutaneous layer of adipose tissue over the thorax and abdomen varied in thickness from one to two inches.—Head: The brain was somewhat softer and more friable than usual, and all the sinuses of its membranes were filled with dark fluid blood. The skull was thicker than usual, and the dura mater adherent to it throughout the greater part of its extent. In all other respects the brain and its membranes were normal.—Thorax: On opening the pericardium it was found to be filled with blood, partly coagulated and surrounding the heart as a thick layer. The coagulum was adherent at some points to the inner surface of the pericardium, which was villous and shaggy from organised lymph. On removing the heart and upper part of the aorta from the pericardium, and clearing away the surrounding coagulum, a rupture of the anterior wall of the left ventricle was observed, about an inch above the apex and the same distance from the anterior ventricular groove. The external aperture of this rupture was about half an inch in length, and its longitudinal axis coincided with the direction of the external layer of muscular fibres. Around the external aperture the substance of the heart was ecchymosed. On opening the left ventricle, it was found to contain clotted blood, and on its inner surface, corresponding to the point of external aperture, the clot was found to be adherent to the ventricular wall and to other smaller clots extravasated into the muscular substance at that part. On removing the clots, the complete rupture in the ventricular wall was observed, and through the aperture the little finger could readily be passed. The remaining cavities of the heart contained fluid blood. The heart was larger than usual, and its cavities were dilated, and, when opened and freed from clots, it weighed eighteen ounces. Its substance was pale, fatty, and friable, and it was enveloped in an unusual amount of fat, to which mainly the increase in the weight of the heart was due, for the walls of the ventricles possessed little if any more than ordinary thickness. There was no aneurism or dilatation of the aorta, and the lungs were healthy.—Abdomen: The liver was fatty and congested, and presented a "nutmeg" appearance.

Addendum.—These cases, which are mainly of interest

from a pathological point of view, call for little remark; but it may be added, with regard to Case 1, that the abscess was "idiopathic" in so far as no cause was ascertained, the patient being otherwise in good bodily health, and never having had, so far as is known, any blow or injury to the head, either before or after admission. It would be interesting to endeavour to solve the problem as to whether there was any connexion between the patient's habit of turning "head over heels" and jerking his head backwards and to the right, and the lesion of the cerebellum which ended in abscess, did time and space permit; but I would fain leave this in the hands of better physiologists than myself, remarking that, although the insane have many peculiar habits, those of this patient are uncommon, at any rate so far as the experience of this asylum goes. Recollecting the results of Magendie's experiments on the cerebellum, when, by dividing the crus cerebelli on either side, he obtained rotatory and gyratory movements of the animals experimented upon, I cannot but think there may have been some connexion between the disease and the peculiar habit; for the softening and disintegration around the abscess, in this case, affected considerably the crus cerebelli on the diseased side.

Exminster, November, 1870.

PERMANGANATE OF POTASH IN THE TREATMENT OF GONORRHŒA AND GLEET.

BY THOMAS WARDEN, M.D.

IN proof of the opinion contained in this paper I regret that I cannot produce a respectable number of cases to confirm my belief that the diseases mentioned at the head of this article can be cured in about a couple of days. I have delayed putting my small experience of the treatment in print in the hope of getting more evidence as to its utility; but really nowadays it is quite rare to get a case of gonorrhœa to treat. I refer to the Mediterranean station. About the years 1860 to 1863 the cases of gonorrhœa and syphilis were rife in most of the ports; but since that time they have been steadily decreasing, and this is entirely due to the regular inspection in the French and Italian towns and ports. In Turkey and Egypt, where there is, I believe, a nominal supervision, we find syphilis more frequently than gonorrhœa.

During the months of April, May, and June I was doing duty in her Majesty's ship *Hibernia* at Malta, where disease is at a minimum; but occasionally sporadic cases of disease make their appearance, where contracted or how imported has never been properly found out. I believe the merchant seamen must be blamed for their introduction, because with the periodical inspection of the men of the Royal Navy it is hardly possible that they should communicate it. I do not know the regulations in the army there, but I believe inspections are held in it also. The disease is easily kept in check in Malta, because the public women are comparatively few compared with the number of men who go on leave; and, therefore, several go to the same house and frequent the same woman, and then, when he or they have the disease, you can arrive at the name of the woman, who is arrested by the police and lodged in hospital on receiving a letter from the surgeon of the ship detailing the house and name. On the sick-list of the *Hibernia* I found a marine who had been under treatment for twenty days, which consisted in pursuing the recognised plan of giving salines, copaiba, and injections of different strengths and substances, with the usual results in these tedious cases, where the constitution is beginning to suffer from the long-continued discharge and confinement. This case was really becoming an opprobrium, and we felt anything but satisfied with our treatment. I decided then on trying the permanganate of potash, which I tentatively gave in five grains to the ounce as an injection at least four times a day. This gave rise to no pain or other inconvenience. Since then I have administered it in as many as fifteen grains to the ounce. The result in this case was that the man was well in two days, or after about eight injections.

In the course of a fortnight this man went on leave, and came back with a gonorrhœa. The same treatment was pursued, with a precisely similar result. I prescribed it also in the case of an officer who had had the disease for six weeks. The discharge in this case was more gleety, and his health was beginning to suffer. On this occasion the cure took six days, but I do not think he attended fully to the directions I gave him; neither was he regular in its use.

I regret that this is all the evidence I can bring of the good effects of the permanganate; but I see it is needless for me to wait for more cases, so I place this imperfect experiment before the profession. I do not vaunt these cases as being conclusive, because their paucity will hardly warrant me in claiming for this remedy the name of specific; but I bring them forward in order that those who have more opportunities of treating the disease may be tempted to try the permanganate; and I hope the results will be as satisfactory in their practice as they have been in my three cases. From what I have seen of its action, I feel very sanguine concerning its efficiency. I only ask that those who make use of it will be kind enough to publish their cases, whether attended by success or the reverse.

Now a few words may be necessary as to the method of using the injection. It must be remembered that the permanganate of potash loses its virtue by admixture with any extraneous matter, or exposure; therefore it is advisable to mix the injection immediately before using it. This ought to be done in either a glass or porcelain dish, perfectly free from any greasy matter; and the syringe must be in a like state of purity. If care be not taken in its use the patient's linen will be stained; and this should be remembered in private practice.

I mentioned my cases to some medical friends in the Mediterranean, and requested them to try it, and communicate the results; but I suspect they also suffer from the dearth of cases of which I, pardonably I hope, complain.

While I am writing on this subject it may be mentioned that the infrequency of the disease shows most favourably for the working of the Contagious Diseases Act; and it would be well if this communication could be perused by those whose time is taken up in expressing opinions and flourishing their names in print in connexion with a subject they do not understand, nor ought to know anything about. Until lately I had no idea that "ladies" were so conversant with the diseases resulting from promiscuous intercourse.

Royal Naval Hospital at Haulbowline, Oct. 1870.

UNSUCCESSFUL OVARIOTOMY.

BY W. Y. VEITCH, L.R.C.P. & L.R.C.S. EDIN.,
SURGEON TO THE NORTH RIDING INFIRMARY.

As we so seldom see recorded unsuccessful operations, and believing that much may be learnt from them, I am induced to forward the following case, which will, I have no doubt, be of use in pointing out what may be expected in what is to all appearances a favourable case for operation.

Mary M——, aged twenty-six years, was admitted into the infirmary on the 2nd of September, 1870, suffering from abdominal swelling. She first noticed the swelling on the right side six months ago, becoming pregnant about the same time, and aborted four months afterwards. In appearance she was pale, emaciated, and had an anxious expression. The upper lip was unusually hairy; abdomen distended to the size of a nine-months' gravid uterus, more prominent on the right side, and evidently filled with fluid. Pulse 100, rather weak; bowels obstinate; persistent vomiting. Diet: milk, beef-tea, and brandy and soda-water.

Sept. 10th.—Bowels opened by castor oil and warm-water injections. The sickness still continues. Pulse 120, weak. Tumour increasing in size, and very painful; pain being slightly relieved by hot fomentations and turpentine stupes. I consulted my colleagues on Sept. 12th, the general opinion being that the case was one not without hope of a successful result. It was therefore determined to operate at once.

An incision was made from two inches below the umbilicus to the pubes, exposing a thick membranous cyst, which, much to my horror, was evidently extensively adherent. A canula and trocar were inserted; but very little fluid escaped. Finding it impossible to draw off the contents, an incision was made into the tumour, when out gushed half a bucketful of fibro-gelatinous clots, varying in colour from sandy-yellow to the dark-red of venous blood, mixed with straw-coloured serum. The adhesions to the parietes readily gave way, exposing near the apex of the tumour two small additional cysts, having very much the appearance of knuckles of gut distended with fluid. It now became quite evident that to separate the cyst from the viscera was impossible. I accordingly sponged it out, and stitched up the abdominal incision. The patient was in a state of collapse. Stimulants were freely administered. She however died in six hours.

Post-mortem examination revealed a condition of the transverse colon approaching gangrene. The adhesions were such as to make it very difficult to separate the cyst from the smaller intestines, and quite impossible to remove it from the pelvis without taking with it the bladder, uterus, and a portion of the colon, which appeared incorporated with the cyst.

Middlesbrough, Yorkshire, Oct. 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

CLINICAL REMARKS BY DR. MURCHISON.

A Case of Acute Rheumatism.—The patient was a lad who had been admitted three days previously with acute rheumatism and a cardiac murmur. Dr. Murchison pointed out that the signs which were chiefly to be depended on in determining the exocardial character of the murmur were—increase of the sound on pressure of the chest wall, its limited extent, and its superficial character. The frequency of the occurrence of cardiac complication in this disease could not, he believed, be influenced by any particular line of treatment; because, under any circumstances, it almost invariably supervened in the course of the first week of the affection, and in the great majority of cases was found to be already present at the time of admission. He had adopted the same treatment which his class, since the commencement of the winter session, had observed in two or three instances to be followed by favourable results—namely, the administration four times a day of five-minim doses of tincture of aconite. A reference to the chart showed that a decided fall of the temperature and pulse had ensued. A ten-minim dose of the solution of morphia had been given at night to ensure sleep.

The Estimation of Albumen during the use of Diuretics.—The quantity of albumen in the urine of a patient who had been admitted with mitral disease, albuminuria, and some consequent œdema, was reported to have undergone a marked diminution. Dr. Murchison directed attention to the fact that, in estimating the proportion of albumen, the quantity of urine passed by the patient must also be taken into consideration; and it was found on inquiry that in this instance the apparent decrease of albumen corresponded with a sudden rise in the daily excretion of urine from 16 to 130 ounces, due to the exhibition of ten-minim doses of tincture of digitalis three times a day. Dr. Murchison pointed out that, comparing the increase in the quantity of the urine with the decrease in the proportion of albumen, the actual quantity of the latter secreted in twenty-four hours remained about the same as before. He directed that the dose of digitalis should be reduced.

The Diagnosis of an Inflamed Knee-joint.—A patient had been admitted some time previously with swelling and pain of one knee-joint, with effusion. The symptoms had at first been attributed to rheumatism; but as, without any of the other joints becoming similarly affected, they remained undiminished for some time, blisters had been applied, and iodide of potassium had been given internally. These measures, combined with rest, had produced marked improvement; but on the patient beginning to use his leg the pain and swelling had returned, and, in spite of careful treatment, had not since undergone much abatement. Dr. Murchison said that, in the absence of any history of an injury, the affection must be attributed to a constitutional cause. There was no family history of tubercle, and no evidence of such a tendency in the patient himself; neither was there any evidence of his having contracted syphilis. But there remained one affection of which a history of the persistence of the inflammation for several weeks in one single joint, and that the knee-joint, was most suggestive—namely, gonorrhœal rheumatism. A careful inquiry, however, had not corroborated the view that the inflammation was due to gonorrhœal poison; and he therefore came to the conclusion that the case was one of simple synovitis. In any case he proposed to hand the patient over to his surgical colleague. Dr. Murchison added that so-called gonorrhœal rheumatism is not a rheumatic inflammation at all, but a distinct inflammation essentially due to the contraction of gonorrhœa.

The Diagnosis of a Case of Cardiac Disease with Pulmonary Complication.—The patient was fifty-three years of age. In his forty-first year he had had rheumatic fever, and ever since had suffered from shortness of breath and palpitation. In April last he had had a cough, which lasted five weeks; a month ago the cough had returned, and had not left him since. This history, Dr. Murchison said, was sufficiently characteristic to justify a strong suspicion that some permanent cardiac mischief had resulted from the attack of acute rheumatism, and that the lung affection was a secondary complication. It remained to verify this suspicion by means of physical examination. The heart's action was so feeble that the position of the apex could not be ascertained by the touch. The area of cardiac dulness being made out by percussion, the apex was assumed to be situated at the extreme left of its lower border. The transverse measurement of cardiac dulness was found to be three inches instead of two, as Dr. Murchison said it should be in a healthy man of average size. The evidence of cardiac enlargement was the more significant as the note elicited from the other parts of the chest indicated an emphysematous condition of the lungs. Attention being then directed to the heart sounds, he said that the points to be observed were—their frequency, strength, comparative length, and the presence or absence of any abnormal sound; they were found to be very feeble, especially the first, irregular, and irregularly intermittent, but no murmur was present. Though, in the majority of cases, Dr. Murchison said, valvular disease produced a murmur, the absence of a murmur did not necessarily contra-indicate the presence of such disease; especially did this apply to mitral constriction; and it was to be noted that hypertrophy and dilatation were also frequently associated with mitral disease. It was not improbable, he added, that if, after a period of rest and treatment, the heart's action became stronger, the valvular lesion might produce an audible effect. With regard to the lungs, the conditions to be chiefly noticed were—the character of the breathing, and whether any preternatural sound was superadded to it; the ratio of the duration of expiration and inspiration, and the vocal resonance. On auscultation, it was found to be loud and snoring, and the expiratory act was prolonged; no moist sounds, dulness on percussion, or tubular breathing were ascertained. These observations indicated the existence of bronchitis and emphysema. The presence of about one-twentieth of albumen in the urine, in the absence of any evidence of renal affection, contributed further proof that the patient had disease of one or more of the valves.

The Diagnosis of a Case presenting Acute Pyrexia, with Eruption on the Face.—Two days before admission this patient had experienced severe rigors, which were shortly followed by pain in the head, back, and left side; at the

same time he became hot, and began to vomit. The pain and vomiting continued throughout the second day. On admission, about forty-eight hours after the onset of the symptoms, there was an eruption on the face; the skin was found to be dry, with a temperature of 104°; the pain remained present in the situations indicated, and had become increased in the left side, and the patient continued to vomit. The points in favour of variola were said to be the vomiting and high temperature so early in the disease, and the pain in the back; against it were the increasing pain in the left side, and the facts that the temperature remained high, although the eruption on the face was well marked, and that this eruption itself was found on examination to present the distinctive characters of acne. It appeared, therefore, that there must be some local inflammation in the chest, and attention was directed to the base of the left lung, the site of the pain. On the day of admission neither dulness on percussion nor crepitation had been detected in this situation; but the breathing had been found to be less vesicular than at the opposite base, and accompanied by bronchitic râles. At the present time (the following day) the temperature was 103·8°; there was an acute herpetic eruption on the lips; there were two inches of dulness at the left base posteriorly, and in the left infra-axillary region and in the lower half of the left back friction-sound and distant tubular breathing were heard. The patient had a cough, and brought up rusty sputa. These conditions indicated plainly enough that the case was one of pneumo-pleuritis, though the general disturbance had been far in excess of the amount of local disease. There was a small quantity of albumen in the urine, and it remained to be proved whether the renal complication was a consequence of the chest inflammation, or whether the great constitutional disturbance, the chest inflammation, and the albuminuria, were not the consequences of the presence of a general poison in the blood. Dr. Murchison ordered a mustard and linseed poultice to the affected part of the chest, and ten minims of tincture of aconite three times a day, to be reduced to five as soon as an effect should be produced on the pulse.

KING'S COLLEGE HOSPITAL.

CASES UNDER THE CARE OF DR. GARROD.

ON the 25th ult., Dr. Garrod showed us, among others, the following cases:—

A child who had been admitted suffering from moderately severe croup. He had been treated by the inhalation of steam and the constant application of hot sponges to the larynx; he had made a good recovery, and was about to be discharged.

The subject of an empyema, which, on being tapped, had discharged over twenty ounces of pus. Three days later the puncture had to be renewed, and sixty ounces more were evacuated; since then the affected pleura had been daily washed out with a solution consisting of one part of carbolic acid to eighty of water. At the time of our visit, the cavity had so shrunk as to receive no more than six ounces of fluid; the day before, the strength of the solution had been increased to one part of carbolic acid to sixty of water; some smarting of the side and a rise of temperature of one degree had followed this alteration, but Dr. Garrod did not consider it necessary to return to the use of the weaker solution.

Two cases of scarlatinal dropsy, which had been successfully treated by hot baths and packing. The patients were first placed in a hot bath, and on leaving it they were, while still wet, enveloped in a hot blanket, and laid in bed beneath one or more other hot blankets, so as to maintain, for a time, a profuse perspiration. The sweating was at first made to last about a couple of hours, but, as the dropsy disappeared, the duration of the process was gradually reduced to half an hour. When all puffiness had disappeared, a treatment by small doses of sulphate of iron was substituted until all trace of albumen in the urine was lost.

CLINICAL REMARKS ON A CASE OF LEAD-POISONING.

Another case was one of lead-poisoning, in connexion with which Dr. Garrod afterwards delivered a lecture, of which we give the following notes:—

The patient was fifty-nine years of age, and an organ-pipe-maker by trade. During the earlier part of his life he had drunk a good deal, chiefly beer and gin, while engaged in casting the metal. During the four years preceding 1858 he had had several rapidly-succeeding attacks of gout in the great toe of the left foot. Then, in 1858, weakness and wasting of the forearms ensued, and ended in wrist-drop. He came under Dr. Garrod's care, and was enabled to resume work in about two months. In 1863 gout again attacked the great toe, and shortly afterwards extended to the ankle, knee, and elbow of the same side. Seven months ago he had another, and his last, attack of gout. In 1867 the wrist dropped again, and, after three months of treatment, he once more returned to his trade, at which he continued to work without intermission until the onset of the present attack, the first symptoms of which—wasting and loss of power of the forearm—made their appearance in June last. In September he was obliged to leave work. On admission he was pale and anæmic, but fairly nourished. He presented a well-marked arcus senilis, and wasting and loss of power of the fingers, thumb, forearms, arms, shoulders, and thighs. The affection of the left upper extremity was more severe than that of the right; having lost all his teeth, no blue line was observable. The urine contained a trace of albumen.

Dr. Garrod drew attention to the following points presented by this case:—(1) As to *colic*. The patient had never suffered from colic or constipation. A brother of his, who had worked at the same trade, and had died some years ago, had been subject to severe attacks of abdominal pain, and nearly all his fellow-workers suffered occasional attacks of colic. Dr. Garrod stated that, out of about a hundred cases of lead-poisoning which he had recorded, there were two or three in which no colic had occurred. (2) This man had not inherited *gout*. There was no history of it in the family; but both he and his brother had had attacks of it. The introduction of lead into the system had a tendency to prevent the excretion of uric acid, and it was found that about 33 per cent. of people who suffered from gout had been poisoned with lead. One of the patient's ears presented a number of white spots, which were subcutaneous concretions of urate of soda. (3) The influence of the poison on the *kidneys* was to be noticed. It had a tendency to produce a gradual contraction of their structure. When the patient was under treatment twelve years before, the specific gravity of his urine had been as low as 1010; it was the same now, and in addition presented, this time, a trace of albumen. (4) The *muscles affected*. In his former attacks the mischief had extended no higher than the extensors of the forearm; but this time the arm, shoulder, and thigh were affected. This more extensive effect on the muscular system was especially liable to occur in cases where the train of symptoms was rapidly developed. (5) With regard to *treatment*, Dr. Garrod found, on referring to his notes, that he had unknowingly adopted precisely the same as on the occasion of the first attack. He had ordered him a mixture which contained ten grains of the ammonio-citrate of iron, to counteract the excessive anæmia; ten minims of tincture of nux vomica, to act upon the affected muscles; and ten grains of iodide of potassium, for the elimination of the poison from the system. In both instances electricity had been daily applied to the affected muscles. The patient had so far recovered that he would be able to leave the hospital in about a fortnight's time.

Speaking of lead-poisoning generally, Dr. Garrod enumerated its most frequent causes, and explained that, in the case of artisans who work in lead, it is probably introduced into the system, not only by direct absorption, but by their taking their food with hands soiled with the particular form of the poison they are in the habit of handling. Among painters' colours, those containing little or no oil, and called "flatting" colours, are the most certain and rapid in their effect. And he reminded his class that some persons are much more readily affected than others, and that, should they find one member of a family suffering from anæmia, nervousness, and debility of the upper extremities, while all the others are in apparent health, they should not omit to look for the blue line on the gums, and to inquire carefully into the condition of their water-supply as well as every other possible means of lead-poisoning, under the impression that a common cause would necessarily affect the whole household alike.

Among other examples of the unsuspected and insidious

manner in which lead may be introduced into the system, Dr. Garrod mentioned the following, which has an interest for the public as well as the profession. A gentleman, a resident in India, began to suffer some time since from nervous exhaustion, anæmia, and debility of both upper extremities; he was a great snuff-taker, taking, on an average, as much as an ounce in the course of a day. He consulted several medical men in India, and they attributed his symptoms to inordinate snuff-taking. He however continued to take snuff and to get worse, and at last came to England to seek further advice. When Dr. Garrod saw him he discovered a blue line on the gums. His suspicions were directed to the snuff, which he found to contain a considerable quantity of lead. To ascertain whether or not the presence of lead in this specimen was an accidental circumstance, six packets were ordered from the house in Calcutta with which the gentleman had been in the habit of dealing. The snuff was contained in sheet-lead packages, and were all found to contain lead to about the same extent as the first specimen. Dr. Garrod exhibited a solution which he had tested in the following way: Ten grains of snuff were burned in a platinum capsule, and the ash was treated with nitric acid; the crystallised result was dissolved in distilled water, with the addition of a small quantity of acetic acid, and then tested with iodide of potassium, which threw down an abundant precipitate of yellow iodide of lead. The leaden cases were labeled "best brown rappee," and bore the name of a well-known English firm, from which they had been exported to India. The snuff itself was rather moist, and, where it adhered to the sides of the case, was dotted with white spots, probably consisting of carbonate of lead, and, as Dr. Garrod suggested, formed by the fermentation of the damp snuff. He added that, since his attention had been directed to this subject, he had spoken to a medical man who had recently returned from Calcutta, who told him that he had quite lately met with three cases of lead-poisoning, which on investigation were found to be due to the use of snuff.

NATIONAL HOSPITAL FOR PARALYSIS AND EPILEPSY.

A CASE OF RIGHT HEMIPLEGIA WITH APHASIA, PROBABLY OF SYPHILITIC ORIGIN; GOOD RESULTS FROM TREATMENT; CURIOUS COINCIDENCE OF TRAUMATIC PALSY OF THE LEFT SIDE OF THE FACE.

(Under the care of Dr. BUZZARD.)

AT a visit to this hospital last week we saw the patient whose case is here related. He considered himself to be quite recovered, and had resumed his work; but he still presented some slight evidences of his attack. We gathered the following history of his case.

A male, aged twenty-nine, single, applied at the hospital on August 17th, 1870, in the following condition. He walks very lame, dragging the right foot, and he can scarcely lift the right hand. There is no loss of sensation in the limbs. With Duchenne's dynamometer the result with the right hand is 0, and with the left 25°. His manner is very odd, the face having a dazed look, and he displays great irritability towards his companion, a young woman to whom he is engaged. His speech is laboured, and he is often at a difficulty for the right expression. Whilst the *right* limbs are paralysed, the *left* side of the face is chiefly, but not solely, affected. On being told to shut his eyes, the left upper eyelid fails to cover the globe by one-eighth. In laughing, the right angle of the mouth is drawn a little higher than the left. In whistling, the mouth is pushed over to the left. The tongue is protruded straight. He cannot eject saliva to any distance. There is no apparent loss of sensation on either side of the face.

On examination a scar is found half an inch in front of, and extending for an inch below, the external auditory meatus of the left ear, and a line of cicatrices runs down the front of the left sterno-mastoid muscle. He says that he had abscesses on this side of the face and neck two years ago; that one in the situation first mentioned was lanced, and that "the water used to run from the scar for two months." At this time he first noticed that he could not close his left eye, and the inability has continued ever since.

He contracted syphilis two years and a half ago, followed by bad sore-throat. His present attack (which had occurred three weeks previously) was preceded for a fortnight by great pain in the back of the head and over the left eye; and then one night, whilst in bed, he suddenly lost his speech, and the power of moving the right arm and leg, but he did not become unconscious. The speech was absolutely lost for three or four days, and then it gradually returned, but remained imperfect at the time of his application. He was in the habit, it seemed, of using words erroneously—as, e.g., calling his watch, "hat."

He was admitted into the hospital, and ordered five grains of iodide of potassium three times a day. This dose was increased to ten grains after twelve days, then to fifteen grains after another week, and to twenty grains after another fortnight. During the first few days of his stay in hospital his manner was very flighty, and at times he was comatose for hours together; but these symptoms soon subsided, and he gradually improved also in the condition of his limbs.

He left the hospital on Oct. 15th, but continued taking twenty grains of the iodide of potassium three times a day.

When we saw him on Nov. 16th, he could use his arm freely, and the grasp of his right hand measured 30° on the dynamometer, as against 0 at his first examination—an average healthy grasp marking about 35°. There was slight lameness with the right leg, but so little remained of his paralysis that he was at work again as a groom. Asked about his speech, he acknowledged that he still occasionally, but rarely, substituted words, and that his tongue would sometimes catch against his teeth in speaking. The facial paralysis of the *left* side, which had existed for two years, remained unchanged.

Two points of special interest in this case were noticed by Dr. Buzzard: 1. The association of hemiplegia of the right side with facial paralysis of the left. 2. The rapid recovery under treatment addressed to a supposed syphilitic cause. As regards the first point, it was remarked that the first glance at this patient gave rise to the idea that the case might be one of cross or alternate paralysis, dependent probably upon lesion of the pons Varolii. But there was a feature which speedily threw doubt upon this view, and drew attention to the trunk of the left facial nerve. When the patient was asked to close his eyes, the left eyeball remained exposed to the extent of one-eighth of an inch, the right eye being perfectly closed. Now in that form of facial paralysis which is of cerebral origin, and which is constant to a greater or less extent in hemiplegia, the ability to close the eyes (at least simultaneously, if not always also independently) is never lost. This facial paralysis not being therefore of cerebral origin, inquiry and examination easily traced it to injury to the trunk of the nerve, as it passed through the parotid gland. It would seem that the injury took place to the body of the nerve before it divided, as the muscles about the mouth as well as the orbicular muscle of the eyelids were paralysed. Whether the damage had been done by suppuration or by the surgeon's knife did not appear, but at any rate the nerve had not been completely divided, as the paralysis was incomplete. In reference to the second point, Dr. Buzzard said that the age of the patient, the intense pain in the head preceding the attack of hemiplegia, and the previous history, led to the diagnosis of a syphilitic origin of the malady, the correctness of which the rapidly curative effects of the iodide of potassium had served to confirm. As regards the dose of this drug, Dr. Buzzard said he was in the habit of giving from five to twenty grains three times a day, in such cases as these; and in his experience instances in which such large doses could not be borne quite as well as small ones, were very rare. Indeed he was disposed to think that he more often observed marked iodism from small doses of the iodide, such as one or two grains, than when this drug was exhibited in the quantity above described. There were, no doubt, certain persons who were excessively susceptible, but these were quite exceptional, and he rarely met with cases in which great depression was produced by the drug. In the present instance it would be noted that the man had gone on taking large doses of the drug for three months, with a constant increase of health and strength.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 22ND, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

A THIRD COMMUNICATION ON THE ENDEMIC HÆMATURIA OF THE SOUTH-EASTERN COAST OF AFRICA, WITH REMARKS ON THE TOPICAL MEDICATION OF THE BLADDER.

BY JOHN HARLEY, M.D., F.R.C.P.,

PHYSICIAN TO THE LONDON FEVER HOSPITAL, ETC.

AN almost daily opportunity of watching a case of this disease for nearly a year enables the author to give precise information concerning, firstly, the prostatic form of the disease and its treatment; and, secondly, the structure and development of the parasite. The prostatic form of the disease is attended by an intermittent discharge of venous blood, never exceeding a teaspoonful, and always mixed with urine, recurring after variable intervals of from two to fourteen days, and continuing for several days in succession. The morbid appearances are confined to the last tablespoonful of urine, which contains the blood and casts (composed of mucus or blood) of the passages in which the parasites lie. Apart from the passage of blood, and the egg-bearing casts, there was no inconvenience—no impediment to the flow of urine, nor the slightest irritation of the genito-urinary apparatus.

The treatment was, at first, general, consisting in the use of such remedies as iodide of potassium, henbane, &c., which are eliminated unchanged by the kidneys. This general treatment affected the parasite to a limited extent only, and was, therefore, supplemented by local medication in the form of injections of strong infusions of wormwood and quassia, emulsions of oil of male fern in these solutions, and of solutions of iodide of potassium and some other salts. The author describes the effect of each of these drugs, and relies most of all on iodide of potassium, which was given in quantities varying from ten to thirty grains in five ounces of infusion of quassia as a daily injection. Evidence of the absorption of this remedy was manifest, and the effect was very beneficial; and by the intercurrent use of injections of oil of male fern, the parasitic products with which the tunnels in the mucous membrane are stuffed were thrown off and the parasites destroyed. Morbid products, including portions of the adult animals, and laminated corpuscles, derived from the prostate, are figured and described.

With a view to its detection in the waters of the infected districts, the author has very carefully described and delineated the embryo of the parasite, which is a little ciliated animalcule strongly resembling some of those found in stagnant water in this country. He says: "I have several times succeeded in liberating simultaneously from the egg as many as twenty embryos, and watched their movements in a drop of water under the microscope. No sight can convey, either a more vivid impression of the activity of animal development, or a more complete realisation of the energy of parasitic life. It is an interesting display, but its general attractiveness is certainly not increased by the unavoidable reflection that the tissues and fluids of the human body may readily become the abode of these lowly animals."

Experiments were made to determine whether the parasite may be developed from ova introduced into the body. From negative results, and from other facts, the author concludes that, as a rule, this does not happen, from some cause which prevents, or too long retards, the liberation of the embryo from the egg. He is, however, inclined to think that, if the hatching be timely effected, or if the liberated embryo be artificially introduced into certain parts of the body, more especially the bloodvessels, its further development into the adult parasite may proceed.

As to the primary mode of invasion, the author mentions the fact that the colonists of the infected districts are early attacked by a peculiar kind of boil, which passes into an indolent ulcer, and which, ultimately healing, leaves a large and indelible scar. He thinks it very probable that these boils result from the insertion of ova beneath the skin in the act of bathing, and that the subsequent progress of the ulcer, and the infection of the genito-urinary organs, is due to the liberation of embryos (which may readily occur upon the naked surface of an ulcer), and their convection or ascent to the pelvic organs along the veins that lead to them.

The PRESIDENT spoke of the great value of the researches which Dr. Harley had, now for the third time, communicated to the Society; and said that, possibly, other diseases attended with hæmorrhagic or serous discharge from mucous membrane, might be due to parasitic invasion.

Mr. JOHN WOOD inquired whether there had been any opportunities of post-mortem examination of the prostate in these cases, and whether the parasite invaded any other part of the urinary organs.

Mr. FAIRLIE CLARKE suggested the application of the solid nitrate of silver to the prostatic portion of the urethra.

Dr. SYMES THOMPSON inquired as to the extent of country in South Africa over which the disease prevailed.

Dr. WEBSTER inquired whether the disease prevailed chiefly in high or in low localties. He believed that loss of blood was more common at elevated than at low situations, and under low barometric pressure. He inquired also the state of the water.

Dr. CHURCH asked whether anything was known about the stages of development of the parasite; and suggested that it might require two hosts.

Dr. HARLEY, in reply, said that he hoped shortly to receive more detailed information from a practitioner in Natal about the post-mortem appearances, and also about some other points that had been raised. The parasite was sometimes located in the pelvis or veins of the kidney; and, when thus situated, its embryos were apt to form the nuclei of oxalate-of-lime renal calculi. The disease was chiefly seen in the district of Port Elizabeth, where the water was said to be "brackish," and was almost confined to stations within twenty miles of the coast, and elevated not more than 300 feet above the sea level.

A CASE OF TRAUMATIC TETANUS; RECOVERY AFTER THE REMOVAL OF A FOREIGN BODY FROM THE WOUND, AND THE ADMINISTRATION OF CHLORAL.

BY GEORGE JOHNSON, M.D.,

PHYSICIAN TO KING'S COLLEGE HOSPITAL.

H. N——, aged thirteen, a newspaper boy, was admitted into King's College Hospital on the 24th June. Three weeks before, whilst getting over a hedge, he ran a sharp piece of wood into his thigh. He stopped the bleeding by tying a handkerchief round the thigh. The wound soon healed, and he is confident that no portion of the pointed wood remained beneath the skin. About nine days before his admission the lower jaw began to feel stiff; this gradually increased until it interfered with mastication. Then the muscles of the trunk and limbs began to be affected with spasm, and he came into the hospital.

On his admission he was well nourished, with a healthy colour. There was a peculiar expression of the face, resulting from spasm of the occipito-frontalis, corrugator supercilii, and other facial muscles. He could separate the incisor teeth only to the extent of about half an inch. There was some rigidity of the abdominal and erector spinæ muscles, and movement of the body occasionally increased this rigidity to a painful degree of spasm, the pain being especially severe in the back. The spasm also implicated the muscles of the legs. The temperature, pulse, and respiration were normal.

At the upper third of the thigh there was a cicatrix about half an inch long, the scar and the tissues beneath felt unusually hard, and pressure caused considerable pain. It was suspected that there might be some foreign body beneath the skin, therefore chloroform was given, and an incision made through the cicatrix by the house-surgeon, Mr. Whitmore, who discovered and removed a small dark mass; this proved to be a piece of woollen stuff from the boy's trousers, which had been driven in, and lodged beneath the skin. The piece of wool was about the size of a small pea. A poultice was applied to the wound, and during the next twenty-four hours no medicine was given. There was continuous rigidity of the muscles, with occasional paroxysms of spasm and pain. He was now ordered to take fifteen grains of chloral hydrate, at first every four hours, afterwards at longer intervals. Between

the 26th June and the 9th July he had twenty-four doses of the chloral, amounting in all to 360 grains. The symptoms gradually subsided, the spasms became less frequent and less severe, the last slight attack of spasm occurring on the 13th July; the wound healed, and he was discharged cured on the 27th July.

Dr. CHOLMELEY inquired whether tetanus had any tendency to wear itself out, and to terminate in recovery, if the patient were kept alive sufficiently long.

Mr. SPENCER WATSON related the particulars of a case of tetanus that had been under his care in the Great Northern Hospital, and that had recovered under the use of chloral in full and frequently repeated doses. The disease followed a wound of the tongue by a splinter; but the splinter had been removed prior to the occurrence of spasm.

Mr. BRUDENELL CARTER inquired whether the state of the circulation in the optic nerve had been observed by the ophthalmoscope during the chloral narcotism.

Dr. GEORGE JOHNSON briefly replied. He dwelt upon the importance of the removal of the piece of cloth, and admitted that he had neglected to make ophthalmoscopic observations.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 25TH.

MR. HENRY LEE, VICE-PRESIDENT, IN THE CHAIR.

MR. BRUDENELL CARTER read particulars of a case of presumed Injury to the Ciliary Nerves from a Blow, and exhibited the patient, a little boy seven years of age, who had received a blow from a bat upon the right eye eight months previously. Enormous dilatation of the pupil followed the injury. The ophthalmoscope showed that the choroidal pigment around the optic nerve entrance (which formed a well-defined ring in the uninjured eye) had been scattered by the shock, and that an annulus of choroid round the nerve, and reaching nearly to the yellow spot, was undergoing atrophic changes. The inference was that the coats of the eyeball in this region had been strained and injured by *contre-coup*, and that the ciliary nerves had participated in the injury at their entrance into the globe. The dilatation of the pupil was greater than paralysis of the filaments from the third nerve would explain; and seemed to suggest active irritation of the sympathetic filaments of the dilatator. There was no impairment of vision, and no paralysis of the external ocular muscles.

Dr. BUZZARD, for Dr. Martin Payne, read a paper on Tertiary Syphilis.

Mr. DURHAM related a remarkable case of Spontaneous Fracture of the Femur. When first seen by him in March, 1867, the patient, a professional man, aged forty-four, was seated, half-dressed, in an easy chair. He thought himself capable of walking about, and was surprised to find this impossible. The right femur was found broken at the junction of the upper and middle thirds, the limb being shortened by three inches. Three months previously the patient had fallen downstairs and hurt his thigh; but he soon felt nothing of the injury, which he thought a trifling one. Seven weeks later, however, he began to have aching pain in the thigh, which was considered and treated as neuralgic; and when this had lasted three weeks, he felt, on going to bed one night, a sudden increase in the pain, and fell on to his bed in great agony. Next morning he could not move the thigh, which was much swollen. He was quite unconscious of having subjected the limb to any sudden strain. After a few days the swelling and pain diminished, and he got up, but could not walk about; and it was about ten days after that Mr. Durham, visiting him for the first time, in consultation, found his thigh broken. Under treatment the bone united; in the course of four months the patient could move about; two months later he returned to professional work. He remains quite well. Mr. Durham thought it probable that at the time of the fall some injury of the bone had taken place, which had been followed by gradual interstitial degeneration and absorption of bony tissue, instead of healthy repair, leading to spontaneous fracture of the bone. The patient had, it seemed, been subjected to great worry and wear and tear of brain, and Mr. Durham suggested, as a topic for discussion, the relation which may exist between overwork or excitement of brain and defective nutrition of bone.

Mr. CHRISTOPHER HEATH quoted a case that had come under his own observation, asked Mr. Durham why iodide of potassium was given, and hinted that phosphates would probably have been more useful.

Mr. CARTER, Mr. CALLENDER, Mr. GASCOYEN, and Mr. HULKE joined in the discussion by relating cases that had occurred in their own practice, all tending to show that fracture of the femur may occur without immediate loss of motive power.

Mr. DURHAM, in reply, said that there was, in his case, no evidence as to syphilis, and that iron and iodide of potassium were given because physicians thought these medicines proper. He remarked upon the fact that in lunatic asylums fractures of this kind frequently occurred, and that in all such cases there existed mollities ossium, or waste of brain-tissue, with impaired nutrition of the bones.

Dr. WILTSHIRE narrated five cases which he thought presented the characteristic symptoms of Paroxysmal Hæmaturia—namely, rigors, yellow discoloration of the skin, and dark urine, the latter containing the red colouring matter of the blood, albumen, oxalates, lithates, &c. Observation had led him to regard the yellowish discoloration of the skin as the most constant and important symptom, and he advanced the hypothesis that it was due (like the dark urine) to disintegration of the red corpuscles of the blood, the disintegrating agent being a volatile organic acid, probably a fatty acid, which was thrown back into the system by chilling of the skin in persons predisposed to the affection. He supported this view by a reference to the effect of venoms on the blood, and especially when the virulence of these poisons was intensified by the addition of volatile organic acid. He also cited the discolorations of the skin which are seen in pyæmia, Addison's disease, chlorosis, certain forms of so-called jaundice, as icterus neonatorum, sudden suppression of normal discharges, as the sweat, menses, &c., and referred to the greenish hue of unhealthy women at the catamenial period, as evidence that chromatic changes might occur in the skin as the result of auto-genetic poisoning. He argued that the elimination of the colouring matter of the blood by the kidney was not an essential symptom, and adduced evidence in support of this view. He thought that, clinically, the scope of the disease should be widened, the pathological process comprehending, he believed, a considerable number of affections not hitherto classed with it. Believing the disease to consist essentially of a process of diffused hæmatolysis, and arguing that, as a consequence, the names hitherto employed—namely, intermittent or paroxysmal hæmaturia, hæmatinuria, and cruenturia—only expressed a symptom, and that neither a constant or necessary one, Dr. Wiltshire, although averse to the invention of new names, proposed "paroxysmal hæmatolysis" as a more fitting and expressive one.

The CHAIRMAN said that in all similar cases that had come under his notice, stagnation of blood occurred in the large vessels.

Dr. GREENHOW remarked emphatically that, though the paper just heard was exceedingly long, the author had entirely spoiled its value by failing to record in a single case any scientific examination of the urine. Such examinations were all-important. He added that it was an invariable rule to find oxalate of lime crystals.

Dr. GLOVER subscribed to the opinion of the last speaker, and denounced the loose construction of the paper. He was not at all sure that the appearances in the urine might not have been owing to bile-pigment, or lithiacal deposits.

Dr. DICKINSON made some brief observations as to the connexion of the disease with ague and with the pathology of the spleen, and said that the malady could usually be cured by quinine.

After some observations by Mr. HEATH, Dr. WILTSHIRE replied briefly, remarking that the urine had been examined, Dr. GREENHOW retorting that no particular description of it had been given to the Society.

DONATIONS.—"W. T. B." has given £1000 to the Victoria Hospital for Sick Children, Queen's-road, Chelsea. "G. M. E." has given a second £1000 to the Cancer Hospital, Brompton and Piccadilly.

Reviews and Notices of Books.

Manual of Human and Comparative Histology. Edited by S. STRICKER. Translated (for the New Sydenham Society) by HENRY POWER, M.B. Lond., F.R.C.S., &c. Vol. I. 8vo, pp. 600. 1870.

WE are indebted to Mr. Power for a very valuable and welcome addition to English medical literature in the shape of a translation of Stricker's Manual of Histology. There has hitherto been no work in the language which contained a full and complete account of the various elements of animal structure; still less of the way in which minute examination of these elements should be conducted. The book before us supplies this want in a very remarkable degree; and Mr. Power's own knowledge of the subject, joined to his familiarity with the German language, and his mastery over his own, has enabled him to issue a volume that betrays scarcely a trace of its foreign origin.

The first chapter, by Professor Stricker himself, upon General Methods of Investigation, is well calculated to arrest the attention of the reader. It contains an account of the way in which he exposes tissues, while under the microscope, to the action of various gases, of electricity, and to changes of temperature, and thus renders intelligible much that is afterwards told about the effects produced by these several agents.

Professor Stricker also contributes the chapter on the general Character of Cells; the Connective Tissues and the Blood, are described by Professor Rollett; the Nervous Tissues, by MAX SCHULTZE; the Organic Muscles, by J. Arnold; the Relation of the Ultimate Fibres of Nerves to Muscle, by W. KÜHNE; the behaviour of Muscular Fibres under Polarised Light, by E. BRÜCKE; the Heart, by F. Schweigger-Seidel; the Bloodvessels, by Professor C. J. Eberth; the Lymphatic System, by Professor F. von Recklinghausen; the Spleen, by Wilhelm Müller; the Thymus Gland, the Mouth, Tongue, Pharynx, Œsophagus, and Stomach, by E. Klein; the Thyroid Gland, and the Intestines, by E. Verson; the Salivary Glands, by E. F. W. Pflüger; the Structure and Development of Teeth, by W. Waldeyer; and the Bloodvessels of the Alimentary Canal, by C. Toldt. The second volume may be expected to appear in the course of the ensuing summer.

The work is illustrated by over a hundred woodcuts, which, although not of the highest finish, are plain and clear, and of great value in elucidating the descriptions given in the text. To all practitioners who do not read German with entire facility the translation will be no inconsiderable boon, and its issue ought to add to the strength of the Society. Modern medical literature of the higher class so teems with histological references that a treatise in which they are explained has become almost a necessity.

The Liverpool Medical and Surgical Reports. Vol. IV. Oct., 1870. Edited by P. M. BRAIDWOOD, M.D., and REGINALD HARRISON, F.R.C.S. 8vo, pp. 200.

The Liverpool Medical and Surgical Reports are now issued for the fourth time, and the new volume fully maintains the reputation of its predecessors. In addition to eleven original papers, it contains a Periscope of Medicine, of Surgery, and of Midwifery and Diseases of Children; a statistical table giving the results of major operations at the Royal Infirmary, the Northern, and the Southern Hospitals during the years 1868-9; and the Transactions of three of the Liverpool Medical Societies.

The statistical table reveals some curious facts suggestive of inquiry into the causes of the hospital mortality of the town. Taken in the gross, it shows 83 deaths in 386 operations, or 1 in 4·65. At the Royal Infirmary the operations were 243, the deaths 43, or 1 in 5·65. At the Northern Hospital the operations were 57, the deaths 20, or 1 in 2·85; and at the Southern Hospital the operations were 86, and the deaths 20, or 1 in 4·3. Such great differences between neighbouring institutions seem to call for some kind of explanation. In some respects the statistics are highly favourable. Thus, of 19 cases of lithotomy, 2 of lithotrity, and 9 of amputation through the knee, all the patients recovered; while, on the other hand, there were 9 deaths out of 12 operations for strangulated hernia. We note also a death after a plastic operation for the relief of extroversion of the bladder.

Of the original papers all are good; but we may select for special mention that by Dr. Waters, "On the Treatment of Pneumonia"; by Dr. Wallace, "On Thoracentesis"; by Dr. Turnbull, "On Recent Advances in the Prevention and Treatment of Phthisis"; and the "Illustrations of Operative Surgery," by Mr. Harrison. The last-named contains portraits of two patients, one after excision of the head of the right humerus, the other after removal of the whole of the right superior maxilla, which show that the surgery of Liverpool is in no respect inferior to that of the metropolis. The three periscopes and the Transactions of the Societies contain much varied and valuable information; and the work as a whole will be a welcome addition to the library.

The Manchester Medical and Surgical Reports. Vol. I. October, 1870. Edited by S. MESSENGER BRADLEY, F.R.C.S., and WALTER WHITEHEAD, F.R.C.S. Ed. 8vo, pp. 301.

IN their Preface to this volume the editors express a desire to "remove the slur of professional apathy from the fair fame of our city"; and, although we must decline to admit that any such slur has ever rested upon Manchester, we cannot withhold our congratulations upon the manner in which the task has been achieved. We trust that this first volume may be the commencement of a long series, which will be the means of conveying valuable information.

The volume contains twenty-four articles, contributed by nineteen authors, and ranging from the simple recital of a case, or cases, to an elaborate report, or a careful essay. The names that appear twice are those of Mr. A. W. Stocks, Mr. Boutflower, Dr. Thorburn, Dr. William Roberts, and Mr. Lund. The last-named gentleman has contributed a well-reasoned and valuable paper "On Some of the more Recent Methods of Treating Wounds"; and he also relates a case of excision of the knee-joint, which furnishes an admirable practical commentary upon his more general observations. Dr. Morgan relates an interesting case of hydatid cyst of the brain, to which he appends observations. Dr. Ransome relates a case to illustrate the course and effects of reflex nervous irritation; but, having to refer to Pflüger, he surprises us by translating *gleichseitig* "one-sided." Professor Williamson calls attention to the diseases of the ear that are often induced by scarlatina, and advocates the treatment of the scarlatina itself by the free and early administration of champagne. Dr. Thorburn reports the results of one hundred and thirteen cases of forceps delivery; Mr. Glascott of one hundred cases of convergent strabismus, operated upon by Dr. Little. The editors each contribute a single paper—that by Mr. Bradley being "On Syphilitic Post-partum Hæmorrhage"; that by Mr. Whitehead "On Mucous Disease," the condition described by Dr. Todd as "follicular dyspepsia." Our space will not allow us to cite the titles of all the articles; but we have perused them with pleasure and advantage, and cordially recommend the new enterprise to the support of the profession.

THE LANCET.

LONDON: SATURDAY, DECEMBER 3, 1870.

IT is very lamentable that only a dozen years after the passing of a great Act which really did much good, the very foundations of our present system of medical examination should be discredited. But such is the case. Both in the Medical Council and in Parliament it has been proved that our present tests do not prevent men entering the profession who in point of either general or professional education are not fitted to discharge medical duties or to adorn the profession of medicine. Such a discovery cannot surprise anyone who is familiar with the existing system, which has two or three principal faults. First, the very number of licensing bodies is admitted on all hands to be an evil. The diploma of the least careful and the least scrupulous of these examining bodies is of equal legal value with the degree of the most careful examining body. It is as good to compel payment for medical services in a court of law. It naturally follows that cheapness and looseness of examination, as a rule, go together. Such a combination of qualities in an examining board constitutes an irresistible recommendation to the least competent candidates. Then, in too many schools, and especially universities, it is so arranged that the examiners of students are their teachers. It is not in human nature for a teacher to make a good examiner of his own pupil. If his pupil comes before him he is bound to be lenient—to be to his faults a little blind, and to his virtues very kind. Not only so; the student in such a case, in view of an examination, has regard to his teacher's views and crotchets, and, instead of studying medicine and the fundamental sciences in a scientific spirit, inevitably, and perhaps unconsciously, looks at the whole subject through the coloured medium of his master's teaching. He feels bound to consider, not the state of science, but the state of his examiner's views of science. The whole effect of such a system is narrowing and injurious. Where an examiner examines his own pupil in his own school, the chances of a proper examination are reduced to a minimum. Between the natural leniency of a teacher towards his own pupil and his equally natural wish to swell the number of those holding the degree or diploma of his school, it is scarcely possible to have a good examination. Accordingly the system, on once being made public, has collapsed. It has had no defenders. The Government brought in a Bill depriving all the individual bodies of their individual power to license; and all the bodies gathered together in the Medical Council agreed to accept this Bill with some modifications, and to forego their power to license anybody to practise medicine.

Now let us observe the incompleteness of the Government work. In place of nineteen licensing bodies it established three examining boards. These boards were to be made up of the various bodies which had up to this time been the licensing bodies, and they were to be maintained individually and collectively very largely by the fees which were to be paid. It is evident that under this arrangement there was very little more assurance of a good examination, and little less temptation to a bad one, than under the present system. They would have more than ever an interest in the numbers passed, instead of an interest in the efficiency of each individual candidate. Then the Medical Council was left untouched. The nineteen bodies were to continue to dominate there, and by the very number of their representatives to exclude others. The distrust of such a scheme was shown in the very Bill in which the Government proposed it, and clauses were introduced reserving to the Privy Council the right of confirming every scheme either for the composition of the examining board or the regulation of examinations.

We put it to the profession whether it would not be better at once to make an end of this system, in the interest alike of the public, of the medical corporations, and of the profession, by the creation of a Medical Council representative of all these interests, and the creation of three examining boards constituted under the sole authority and on the responsibility of the General Medical Council. Can it be doubted that, if the medical profession has to choose four of its members to serve in the General Medical Council, it will choose its best members? To doubt this, as Mr. CHARLES HAWKINS has well said, would be to libel the profession. It is equally indubitable that a Council, elected as we propose, would choose examiners on the ground of their fitness. The Council would be too heterogeneous in its composition, and too responsible to the profession and to the Crown, to be guided in its selection of examiners by any other consideration than the fitness of those appointed for the duties to be discharged.

It is impossible to exaggerate the good that will be done if our scheme becomes law. The examinations to be instituted will be an independent standard by which other examinations may be judged. The very practical object of them will make them at once a model and a rebuke to some of the examinations of which we hear sometimes. Independently of these advantages, there will be a Council of twelve men, representing no college or clique or corporation, but chosen in such different ways as to secure variety as well as excellence. The profession will be responsible for a third of the Medical Council, and will feel a new interest in itself and in its reputation. Anyone who reflects on the significance of what has been seen in London this week, in the animation of the contest for election to the School Boards, will have no difficulty in believing that an intense interest would be taken by the profession in the election of its representatives and in their doings after election, and that the best members of the profession would feel the position to be so full of power and of responsibility as to be an object of ambition to them. It has sometimes been said that the General Medical Council could not be reduced in numbers, on account of the work to be done by it; and indeed this is said again in the course of a fair and friendly criticism of our Bill in a medical contemporary. But we do not think there is much force in the statement. The number of our Council would be nearly equal to the

number of the medical members of the Senate of the University of London, and might exceed that of the members of the Faculty of Medicine in the Senatus of the University of Edinburgh, Glasgow, or Aberdeen; and will be amply sufficient for the work it will have to do, assisted as it will be by its own Examiners and Inspectors.

THE Report of Dr. BUCHANAN and Mr. J. NETTEN RADCLIFFE on the Construction of Midden-closets (a term by which they designate the ordinary privy, for the purpose of bringing the name of that nasty convenience into common form with water-closet, earth-closet, &c.) provokes serious reflection on the state of sanitary work in the kingdom. There is something disagreeably paradoxical in the fact that the energies of the two newly appointed inspectors of public health should, at the outset of their official career, be directed to an investigation of the structural requirements of a mode of excrement-disposal which has been, probably without exception, absolutely condemned by every sanitary authority worthy of the name, for the past forty years at least. The paradox is not the less unwelcome that it receives the countenance of the Medical Officer of the Privy Council, Mr. SIMON. If such an inquiry is justifiable at this date (and the consideration that it has been carried out under the authority of Mr. SIMON almost puts this question aside), the conclusion is forced upon us that sanitary work in this kingdom must somehow have been traveling in a wrong path. But evidence in justification of the inquiry, we must confess, is abundantly given in the Report; and the same evidence amply confirms the inference to which we are impelled. The Report describes the second city of the kingdom and other great industrial centres as deliberately perpetuating the midden-closet system of excrement-disposal, not from ignorance of the evils commonly attaching to such a system, or from apathy to those evils, or from parsimony, but from a want of confidence in the as yet only known practicable alternative—a system of water-sewerage as applied to their particular needs. It shows the local authorities of these great centres of population actively engaged in endeavouring to remedy the well-known evils arising from a midden-closet system, not by the substitution of water-sewerage, or of that mode of excrement-disposal which has most enlisted attention in these days next to water-sewerage—the dry-earth system,—but by so modifying the structure and management of the midden-closet as to reduce to a minimum, if not to remove altogether, the nuisance arising from it.

It has been so long customary to look upon water-sewerage as the best of all known systems for the disposal of excrement, and our confidence in the system is supported by an array of evidence so overwhelming, that it is not easy to conceive objections to it that have not their origin, in one way or another, in parsimony. The most advanced teaching of sanitary science in respect of excrement-disposal is summed up in water-sewerage; and this system has been steadily and consistently advocated, by all leading sanitary authorities, as the one alone fitted for the health requirements of town and village populations for the last third of a century. The honesty or not of certain local authorities in their opposition to the teachings of sanitary science as regards water-sewerage is not, however, the question of immediate interest which arises out of the Report of Dr. BUCHANAN and Mr. RADCLIFFE. The chief question suggested by that Report is this: whether, in urging these teachings to the exclusion of almost all other considerations, sanitary science has not overshot the mark; and while striving to secure for the kingdom the best possible system of excrement-disposal, it has not failed to obtain, in the meanwhile, the best practicable?

Amidst all the zealous sanitary talk and writing, and, also, the seemingly no little sanitary work, of late years, observers of the mortality returns of the kingdom cannot have been otherwise than uneasily conscious that these were not altogether as they would have them be; that, indeed, the returns did not show, in one very important direction, those beneficial results which were believed to have been achieved by sanitary work. It was discomposing to find, after thirty years' labour, that the general annual death-rate of the kingdom remained virtually stationary; but it was portentous that an accomplished physician should recently, in the columns of this journal, advance the proposition, founded upon the mortality returns, that the annual death-rate of the kingdom was progressively increasing; and it is not less portentous that the Registrar-General in his last Quarterly Return should write, in reference to certain excessive death-rates, of "the more rapid deterioration of the sanitary condition in the villages and small towns than in the large towns." It was obvious from the returns that, whatever amount of amelioration of the public health might have been effected in some localities by sanitary work, it must have been counterbalanced by a deterioration elsewhere; in other words, that the good done in certain places was only sufficient, if indeed it was sufficient, to compensate for an increased deterioration of the health of the population in the rest of the kingdom. The death-rate of a few limited communities might have been reduced, and their health-condition augmented; but the results were not so large as to affect perceptibly the general death-rate of the whole kingdom. Again: when, four years ago, Dr. BUCHANAN'S elaborate examination was published of the results hitherto gained in various parts of England by works and regulations designed to promote public health, it was impossible not to be struck with the paucity of illustrations he furnished, and which appeared to be open to him, in which satisfactory sanitary work had been carried out to its just end by local authorities. In the present Report of that gentleman, in conjunction with his colleague, and particularly in the various independent reports of the two inspectors to the Privy Council on the sanitary state of different towns and villages, the still more significant fact is brought into prominence—that in towns which have presumably carried out great sanitary works, and particularly works of sewerage, in accordance with the requirements of sanitary science, the sewerage is still very commonly supplemented by the altogether condemned midden-closets. This is the case in Leeds, in Hull, in Birmingham, and other great towns. It is unquestionable, indeed, that, in respect of excrement-disposal, the sanitary work accomplished in this kingdom, great though it may be, is of a partial and limited description, and

that the state of things it was intended to replace is still the prevalent state. It further follows, from the attentive reading of the Report under consideration, and from the other reports referred to, that the common privy (midden-closet) is still the principal mode of excrement-disposal in the kingdom; that, with very few exceptions, this abominated convenience is constructed and managed as it was half a century ago; and that in the towns and villages which persist in its use the evils arising from it are as great as they were thirty years ago—*plus* thirty years' additional fouling of soil and surroundings with excremental filth.

This, it must be confessed, is a most unsatisfactory result of the sanitary labour and legislation of the past quarter of a century, and it sufficiently accounts for much of that untoward feature of our mortality returns to which attention has been directed. We are, indeed, constrained to admit that the system which best meets the want of a population in respect to excrement-disposal has, after thirty years' laborious teaching, been so partially placed in operation that it has exercised no manifest influence upon the general mortality of the kingdom.

How this has come about we are not concerned now to show. All we wish to insist upon is the fact that the practical action of probably the greater part of the kingdom has been altogether unaffected by, and has virtually repudiated, the approved teachings of sanitary science concerning excrement-disposal, with the deplorable result indicated. It is this point which Dr. BUCHANAN and Mr. RADCLIFFE have seized upon, in its practical bearings, and dealt with in their Report. They maintain, in effect, that sickness and death will not remain in abeyance until all the possibilities of sanitary teaching, however desirable, may be obtained; and they hold that the health officer is not justified in adopting a let-alone attitude until the complex problem is solved by which each separate community may be ensured the full benefit which sanitary science and legislation in progress of time will doubtless render possible for it. They have taken the facts as they find them, and have endeavoured to determine what are the immediate practicabilities of sanitary work, in respect to excrement-disposal, among communities in which, from one cause or another, the higher possibilities of sanitary teaching are not at once to be secured. They seek, in short, to arrest progressive health deterioration of places and population, pending the carrying out of those more thorough-going measures of sanitary reform which have been urged for years, but with the comparatively little result which we have described. To this end they have studied especially the practicabilities of the common privy, and the means which have been adopted, or may be adopted, to obviate nuisance from it. To what extent they have succeeded in their object will be best shown in the words used by Mr. SIMON in commenting upon their Report. He says; "The broad results, for legislative purposes all-important, are: first, that local authorities, willing properly to exert themselves for the prevention of excremental nuisances, have at their disposal various ways by which that end can be more or less perfectly attained; and, secondly, that a law imperatively refusing to tolerate such sorts of nuisance does not, in its relation to local authorities, represent a claim for wonderful exertions or lavish expenditure, but a claim which, even where circumstances are least favourable, can be easily and ought to be cheerfully met."

DR. PARKES has been continuing his very interesting researches on alcoholic fluids, this time selecting for examination the physiological effects of Bordeaux wine. It must be well understood, however, that it is only in respect of the alcohol, and not of other ingredients of the wine, that the inquiry has been made.

On the whole, the results arrived at seem to agree very much with those obtained in the previous trials with plain alcohol and with brandy. A line of distinction is very clearly drawn between the effects of large and of small quantities; ten ounces of an 11 per cent. claret being well borne, while twenty ounces of the same wine produced slight symptoms of narcosis (flushing, sensations of heat and discomfort, drowsiness). Dr. PARKES thinks he can more exactly fix the quantity of alcohol which could be considered *moderation* for the man experimented on from these wine trials than he could from the former experiments with spirit. And his conclusion now is that more than one ounce daily would be an immoderate allowance for the man. Indeed he goes on to say that this particular soldier is probably not benefited by alcohol at all, for, during the Abyssinian campaign, a temporary failure of the rum rations, which distressed some of his comrades, was not at all felt by himself. He remarks that the mean rate of the heart's pulsations was too much increased (about 5 per cent. on the average) by alcohol, and thinks that this amount of increased work thrown on the heart must be bad for it in the long-run. That, however, must depend, as we ventured to point out before, at least partly, on whether the alcohol is not itself the source and *supply* of the necessary muscular motor force. The same negative results were obtained, as regards temperature and the excretion of nitrogen, as were got in the experiments on plain alcohol and brandy.

We have one or two criticisms to make on the validity of some of Dr. PARKES's inferences. First, we think he was wrong to administer all the claret at one dose, especially when the quantity amounted to twenty ounces. Many a person who could drink three glasses of claret at lunch, and as many at dinner, without a trace of discomfort, could not venture to take six glasses at once, at any meal; and we think this considerably vitiates Dr. PARKES's judgment on the proper daily quantum, because a narcotic effect once produced disturbs the whole organism for the rest of the day. Then again, as regards elimination, he makes an error in attributing to Dr. ANSTIE the opinion that the appearance of *any* unchanged alcohol in the urine is a sign of an excessive dose; on the contrary, it is maintained by the latter that *minute* elimination almost always takes place, even after a single glass of wine or beer, but that the quantity eliminated *suddenly rises to a marked extent* when we come to doses which produce even the slightest symptoms of narcosis. So far the present experiments of Dr. PARKES show nothing to invalidate the belief that elimination of unchanged alcohol is quite trifling in proportion to the quantity ingested. We should mention, finally,

that he introduces an important improvement in the mode of examining the breath for alcohol: instead of passing the breath through a test-fluid, he condenses it by means of a freezing mixture, and then tests the liquid. In this way he can appreciate minute quantities of alcohol which would be lost by the rougher process.

WHEN the Poor-law Board are compelled to occupy several pages of their Annual Report in contrasting the Irish and English systems of medical relief, it is a tacit admission that the time is rapidly approaching when the subject will be discussed in Parliament. It is, indeed, impossible to suppose that the arguments adduced by the President against the introduction of the Irish system into England will long go unchallenged, particularly as it was determined by the House of Commons almost unanimously that it should be adopted in London without unnecessary delay.

We have ourselves pointed out some of the erroneous statements made by Mr. GOSCHEN. We have repeatedly shown, for example, that the classes relieved at the Irish dispensaries are identical with those attended by the district medical officers here. And if it should be found that in Ireland there are fewer persons receiving other forms of relief, we should explain that circumstance by stating that the necessity for out-door relief is more frequently induced here by avoidable sickness and medical neglect, due less to any difference in the social condition of the people than to those imperfect medical arrangements which the Poor-law Medical Officers' Association seeks to remedy. It is upon the application of the workhouse test that the President of the Poor-law Board lays the very deepest stress; but as he grievously misstates the case, it is not to be wondered that his conclusions are unsound. He says that "in England the *total* number of out-door poor was fifteen times as great as the number of in-door sick." But he excludes from this calculation those who in Ireland receive medical relief at the dispensaries, and who on that account were saved from otherwise becoming a burden on the public. Will it be believed that the President makes himself responsible for a statement altogether misleading? He says the sick in the Irish workhouses numbered 112,071; whereas Dr. MAUNSELL proves from the Irish Poor-law Report that, of 240,843 persons admitted to them, only 55,607 were admitted on account of sickness. This comparison, instead of proving, as the President suggests, that more sick are sent into the workhouses in Ireland, notwithstanding the existence of dispensaries, than in England without them, proves the exact contrary; for it cannot be denied that sickness and premature infirmity are the main causes of admission to an English workhouse, and pure destitution the chief cause in Ireland. What is wanted to assimilate the English to the Irish system is, a greater limitation of the workhouse test to the able-bodied destitute, and a more liberal external preventive system of medical relief.

We cannot allow our remarks on the meeting of Tuesday last to conclude without congratulating the Association on the new position which it has taken up in respect of the registration of disease and the relation of the Poor-law medical officers to the public sanitary staff. We have long maintained that the road to better treatment at the hands of the public, including particularly less work and larger salaries, lies in rendering the public better and more extensive service. The fact is that, in the absence of sanitary powers, it is extremely difficult for medical officers to make the economy of their services felt. They pursue their profession amongst the very poor whilst labouring under the greatest disadvantages. The dwellings are overcrowded and unfit for the treatment of the sick. There are no skilled nurses; often no sufficient means of cleanliness and change; and, behind all, poverty and want. Is it any wonder that their efforts to cure should fail? But when they shall become deputy officers of health, it will be in their power to direct public attention to the causes of disease, and to remove defects which interfere with cure. The Association has only to persevere in this path of preventive medicine, and it must succeed in arresting the attention of Parliament, and in acquiring the confidence and respect of the population to an extent which has never been conceded to the mere parish doctor.

Medical Annotations.

"Ne quid nimis."

CERTIFICATES OF LUNACY.

Too much caution can scarcely be exercised in giving certificates of lunacy. If the previous history and circumstances are not fully known to the medical man who is called upon to certify, he should inquire who has been the usual medical attendant, and why his certificate has not been obtained in preference to that of a stranger. Nor must the acts of insanity described by relations or so-called friends be taken without sufficient scrutiny, since it may be that the patient is sent away to save trouble, or from some other interested motives which will be most carefully concealed.

The evidence of officials in workhouses as to the insane acts of pauper inmates is particularly liable to exaggeration. Hospital nurses have been known to complain of the restless delirium which sometimes occurs during the last stage of consumption so effectually as to induce the medical officer to send away the patient, who only arrived at the asylum to die. And if the gentleman who certified as to the insanity of the troublesome girl whom the officials wanted to get rid of at Tiverton, had had the caution and courtesy to consult the medical officer of the workhouse, who was fully acquainted with the history of the case, he would not have fallen into the error of sending her to the lunatic asylum only to be discharged as soon as the particulars were known to the visiting justices. It is also necessary to distinguish carefully between a mere fit of passion, and that permanent irascibility which forms so common a feature of cerebral disease. And in judging it is necessary to weigh carefully the habits, education, and previous history of the patient, since treatment which would be borne without a murmur by an ignorant person accustomed to workhouse discipline, will often be excessively resented by an educated and sensitive person to whom anything like unkindness has been utterly unknown. In every case it should be remembered that it is a most serious matter to consign any human being to the society of the insane, even for the short time which must intervene between the admission and the discharge; and of course it is still more

serious when the confinement may possibly be for life. No one ever loses the taint of lunacy who has once been certified; and, no matter how perfect the cure may have been, his future acts will always be regarded with suspicion. Give a person the name of lunatic, and he is sent off to an asylum if he gets drunk, or excited, or quarrelsome, or eccentric in any way. And in these cases more than in any others should medical certificates be given with scrupulous care.

SMALL-POX IN THE METROPOLIS.

THE deaths registered last week in London from small-pox were 41, against 45 in the previous week. The persistence with which this disease clings to the East-end is very remarkable. The population of the districts forming the Eastern group is, in round numbers, one-sixth of the aggregate population of the metropolis; yet during the last six weeks 106, out of a total of 187 fatal cases of small-pox, have occurred in those districts, the number occurring in the Northern districts, wherein the Small-pox Hospital is situate, having been 49, leaving for all the rest of the metropolis only 32 fatal cases. In the one sub-district of Mile-end Old Town East, the deaths registered last week from all causes numbered 29, and of these 5 were caused by small-pox. In the Hackney-road sub-district of Bethnal-green there were 19 deaths, and 5 of them small-pox cases. Considering that small-pox mortality is, humanly speaking, in the main preventable, there is something both sad and shocking in the knowledge that a body of men like the Anti-Vaccination League can band themselves together for the purpose of throwing obstacles in the way of the general acceptance of the means of prevention which vaccination supplies. Knowing that their chance of success with educated people is almost *nil*, they address themselves to the prejudices of the ignorant, amongst whom they find only too many supporters. The whole and sole business of the League appears to be to encourage persons to resist the law, and it is a thousand pities that the law is not strong enough to stop their proceedings.

THE DERMATOLOGICAL MUSEUM AT THE COLLEGE OF SURGEONS.

THE collection of models, casts in wax and plaster, photographs, engravings, and preparations, illustrating the various diseases to which the skin is liable, occupying an admirable position in the Hunterian Museum of the College of Surgeons, and numbering in all at the present time 513 separate objects, is one upon which, on account of its excellence, we are happy to bestow unlimited praise. This collection, formed by Mr. Erasmus Wilson "as a nucleus for future development, and presented to the College of Surgeons for the purpose of illustrating the pathology of the skin, and of contributing to the further investigation of the morbid history and phenomena of that important organ" is rendered of the greatest possible value to the student by the publication of a descriptive catalogue, from the pen of its author, obtainable at the College for a nominal sum, and in which the main clinical and pathological features of the cases are given. The objects—and we mentioned on a former occasion that the life-like wax casts were chiefly the work of M. Baretta, of the Saint Louis Hospital—are arranged so as to illustrate separate classes of diseases, such as diseases of common inflammation, of blood poisons, of diatheses, of function, of innervation, of pigmentation, of hair, of glands, and moreover so as to portray the different stages and varieties of the same disease. Whilst the ordinary forms of different affections are amply represented, there are illustrations of the rarer maladies, and such as are scarcely, if ever, seen in this country, such as the pellagra and the radesyge; and the collection further enables the English student to get a clearer understanding of what the French really mean by some of the terms they use—for example, pityriasis rubra, hydro-adenitis, impetigo rodens, lichen hypertrophique, mycosis fungoides, eczema feudillé, and others. The student who is reading or working up the subject of dermatology will find it greatly to his advantage to supplement, or conjoin, the actual clinical observation of cases with frequent visits to the dermatological museum of the College of Surgeons, which is already by far the best of its kind in England, and is arranged by one whose clinical experience on the subject is unequalled.

THE IRISH MEDICAL ASSOCIATION AND THE IRISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Council of the Irish Medical Association, on the 19th ult., in reference to the formation of the Irish Poor-law Medical Officers' Association, have resolved: "That the Council, believing that the capability of the Irish Medical Association to continue its efforts in the interests of the Poor-law medical officers of Ireland is unaltered, is of opinion that the formation of another association having identical objects is unnecessary, and, as being calculated to destroy the unanimous action of the profession and materially to injure the Association, is very undesirable." The best answer to this resolution is that twice as many dispensary medical officers have already joined the new Association as the older institution can itself number. There is obviously room for both Associations. The British Medical Association might as well complain of the existence of the English Poor-law Medical Officers' Association on the same grounds. The fact is, the Poor-law medical officers of England have experienced the great advantage of union for the purpose of advancing their peculiar interests. No one knows where the shoe pinches so well as the wearer; and if the dispensary medical officers of Ireland wish to have their grievances remedied, they cannot do better than imitate the action of their English brethren, and unite to support an Association for the advancement of their special interests.

A TASMANIAN WILL CASE.

WE have received a number of Tasmanian newspapers containing a report of the trial in a case of disputed will, in which some very strong medical evidence was set aside by the judges in favour of other testimony. The testator was a man sixty years of age, a Romanist, who had accumulated property to the value of nearly £5000. He was engaged to be married to a girl named Flanagan, when he was attacked by severe double pneumonia, and died in a few days. Two days before his death, seemingly at the instigation of his priest, he was married to Flanagan, and made a will, bequeathing to her a matter of £2400, to the Romish Church £1000, and only small sums to his own immediate relatives. A medical man who saw him shortly before the marriage and the execution of the will, deposed that he was then semi-comatose; but the solicitor who prepared the will said that he gave his instructions with perfect clearness, and with full comprehension of their purport. Much medical evidence was brought forward to show that a man with the carbonised blood of double pneumonia could not be in a condition to make a will; but all this turned on the evidence of the only doctor who had actually seen him on the day on which the will was made, and who did not in any way test his capacity. The judges decided in favour of the will; and we do not see how they could have done otherwise. In the first place, they had the clear

and certain evidence of the solicitor, who was doubtless known to them by character and repute. Then they had the fact that the will itself was a very reasonable one. The testator had no children, and it was quite natural that he should give £1000 to his church. It was quite natural that he should provide for the girl whom he had intended to marry. And as for his relatives—a brother and sister who were in England, and from whom he had been long separated—but to whom he left £400 and £200, it seems chiefly remarkable that he did not omit them altogether. In all this we see no sign of undue influence, although it is probable that the exhortations of the priest may have impelled him actually to do what he had already intended. We do not see that against so reasonable a will, and such direct evidence, the hypothesis of stupefaction from carbonised blood can be maintained; and it seems likely that such stupefaction, if it had existed to any serious degree, would have prevented the exercise of undue influence, by rendering the brain impervious to new impressions.

THE FRENCH PRISONERS.

The French camps in Germany are described by those who have recently returned from a tour in war-land as very curious and interesting. Everbody is aware of the enormous number of French troops at present in Germany as prisoners of war; and this fact is considered by many prescient people to be one which will hereafter powerfully influence the course of events. In some places—as at Coblentz, for example—the camps are very large, containing as many as ten or fifteen thousand French prisoners. They are environed by a light wire or metal fence, with lamps disposed at regular intervals. The lamps are provided with strong reflectors, so that, when lighted at night, every part of the boundary-fence is rendered distinct to the sentries on duty. Of late the French soldiers have begun to make very active arrangements for hutting themselves. Hitherto they have been occupying tents; but the advent of wintry weather has compelled them to seek better shelter. We are assured that nothing can, as a rule, surpass the healthy aspect of the men located in these camps. It is otherwise, however, with those French prisoners who have occupied casemated buildings, many of whom look weak and sickly. The Germans do not allow their French guests to roam about the towns or villages in any number without a military escort. The French must be regarded as a more delicate race than their conquerors. It has been found that they cannot—at least consistently with the maintenance of health — consume the coarse rations of the German soldiers.

THE DANGERS OF SNUFF-TAKING.

In one of our hospital reports will be found a startling instance of the poisonous effects of lead being produced by the use of contaminated snuff. The victim, who was a resident in India, was in the habit of taking "best brown rappee," exported by a well-known and popular English firm in leaden cases. His medical advisers first attributed the failing power of his upper extremities, and other unpleasant symptoms, to the use of his favourite tobacco; but, after he had been to the trouble and expense of coming to England in search of further advice, his suffering was traced to the real source. To be quite certain, six separate packages were ordered from Calcutta, and a sample from each of them was found to contain an intimate union with a considerable quantity of lead. Rappee appears to be a rather moist preparation of the refreshing weed, and, where it adhered to the sides of the leaden cases, it was in these instances found to be dotted with spots of carbonate of lead, formed, it is supposed, by a combination with the walls of the case, of carbonic acid, liberated by the fermentation of the damp snuff; it presented, in fact, a miniature example of the process by which white lead is manufactured for commercial purposes. A medical man, who has recently returned from Calcutta, states that he had lately met with three patients suffering in the same way from the same cause. They are probably not the only snuff-takers who are being poisoned with lead. Both manufacturers and consumers would do well to see to it at once that damp provisions are no longer stored in leaden cases.

SANITARY REFORM AT CHESTERFIELD.

We do not know what the late fastidious Lord Chesterfield would have said to the manners of the local authorities of that town; but he would not have complimented them on their attention to cleanliness at any rate. According to one of the local journals, the sanitary state of Lower Brampton, a populous suburb of Chesterfield, must be very unsatisfactory. Drainage is said to be as unknown there as if the place were in a remote district of India, and the comforts of civilisation are not much thought of. As there are no surface-drains to carry off the surface-water, the condition of the roads, fields, and gardens may be readily imagined. The river Rother is still polluted with the liquid sewage of Chesterfield. The municipal authorities have placed filter-beds at various places to intercept the solid matters; but by all accounts these contrivances are not very efficient in preventing nuisance. We are told that much sickness prevails in the neighbourhood; but its amount will be as nothing to what may be looked for in the event of the incidence of an epidemic disease. It might be as well for the local authorities to bestir themselves in anticipation of its occurrence. They will find it far cheaper to avert than to overcome disease when once an outbreak of it has taken place.

QUEKETT MICROSCOPICAL CLUB.

On the evening of the 25th ult. a practical demonstration in the process of injecting small animals for the purposes of microscopic anatomy was given to the members of the Club by Professor Lionel S. Beale, the president, who exhibited the whole *modus operandi* required to produce successful results in this branch of histology, the subject being still further illustrated by diagrams and formulæ of the preparations employed. A demonstration of this kind would naturally be appreciated by such a practical body as the Quekett Microscopical Club, and, consequently, there was a larger attendance of members than usual, who attentively and closely watched the operations throughout. The demonstration was preceded by a short paper by Mr. William Ackland, L.S.A., on a new polarising selenite film. Nine new members were elected, four of whom were members of the medical profession, and the meeting terminated with the usual *conversazione*.

CATTLE PLAGUE.

We are sorry to learn that cattle plague has made its way into Belgian Luxembourg. The Government have, however, met the danger promptly; and Tuesday night's *Gazette* contains an Order of Council putting Belgium in the same position as Germany and France as regards the importation to this country of cattle, sheep, and goats. We may add that the danger of the disease reaching England is considerably lessened by the fact that at this season of the year the importations of cattle from Belgium are very few in number. The case above referred to in Belgian Luxembourg occurred on Nov. 12th, in an isolated farm of the little hamlet of La Haillante, in the commune of

Jamoigne, close to the French frontier, where the disease is raging. All the cattle on the farm had been destroyed, and stringent measures of precaution had been adopted; and, as since that date no new case had occurred in that locality, we may confidently hope and believe that the source of the infection is extinguished.

THE HEALTH OF PARIS.

SEVENTY days have elapsed since the Registrar-General began to note in his Weekly Return the non-arrival of the mortality returns from Paris which he had been in the habit previously of receiving from the Paris authorities and publishing weekly. When these returns suddenly ceased upon the investment of the city, the deaths were averaging about 1200 weekly, the proportionate mortality being very greatly in excess of that of London. Small-pox, which had caused earlier in the year from 200 to 300 deaths weekly, had subsided to a weekly average, in August and September, of 100 to 200 deaths. Since the middle of September a profound mystery has hung over the public health of Paris, broken only here and there by occasional statements of newspaper correspondents as to the mortality either generally or from the one cause, small-pox, among the besieged.

The special correspondent of the *Daily News*, writing under date of November 15th, states that for the week ending 5th November the total deaths had risen to 1800, and the fatal small-pox cases to 380, while in the subsequent week (ending 12th November) the total mortality was 1900, and by small-pox 419. It is added that "there are a great many deaths from gastric complaints," but too natural a consequence of the prices of the necessaries of life quoted in the same most interesting letter. With a million less of population, Paris, at this last date, was maintaining a death-rate from 300 to 400 in excess of that of London.

From some statistics derived from official sources, and lately published in the *Pall Mall Gazette*, it appears that as regards the constitution of its normal population, Paris possesses some exceptional advantages which may have some effect in prolonging the term of resistance it is now offering to the German arms. Regarding young children, women, and old people as so much dead weight in the scale, because these classes are least capable of enduring physical hardship, or of contributing to the physical strength necessary for breaking out of their prison, it is shown that Paris is far more advantageously situated than London for standing a siege. The adult population of Paris capable of work amounts to nearly three-fourths of the whole population of the city. On comparing London with Paris in this respect, it is found that the former city has 61, the latter 74 per cent. of population at the working age, fifteen to sixty. The *Pall Mall Gazette* rightly says that the importance of a fact like this in calculating the issues of the present siege is undeniable. Our contemporary notices also that the proportion of medical men to the population of Paris is almost identical with that of London.

DRUGS FOR THE RISH DISPENSARIES.

A NEW and most valuable order has just been issued by the Irish Poor-law Board, under which an officer is about to be elected, to be called a Poor-law Unions Apothecary. This officer will have the entire management of the purchase, preparation, and supply of drugs to all the Irish dispensaries. He is to have a salary of £500 a year and a residence at the depôt in Dublin, and already an ex-Lord Mayor of Dublin is a candidate. For years past great complaints have been made by medical officers in respect of the quality of the drugs supplied under contracts. Adulteration frequently prevented successful treatment, whilst the guardians were often imposed upon as to cost. Other serious abuses existed, which the appointment in question, it is to be hoped, will remedy. We would venture to ask Mr. Goschen to consider whether he might not again take a hint from the Irish Board. In London there are thirty boards of guardians, besides managers of public hospitals. These gentlemen are just as liable as Irishmen to job the contracts or take the lowest tenders irrespective of the quality of the drugs supplied; indeed, it is impossible to discover adulteration unless an officer be specially employed to test the point in bulk. By the way, the cost of drugs in Ireland is £32,000 a year, and there are about 1000 medical officers. Each officer expends therefore, on the average, £30 worth of drugs. In England there are in round numbers 3000 medical officers, and does anyone believe that they spend £90,000 a year in drugs? If so—we put it as a problem for the statistical department of the Poor-law Board—what ratio does this expenditure bear to salaries?

THE LIVERPOOL MEDICAL OFFICER OF HEALTH AND "THE LANCET" SANITARY REPORT.

DR. TRENCH has addressed a long report to the Health Committee of Liverpool, complaining of certain statements in our Reports on the sanitary condition of the town, particularly the charge made against the authorities of not having given sufficient attention to the parochial reports as to the existence of relapsing fever in February, March, and April. As Dr. Trench has not thought proper to address us on the subject, we do not think it necessary to reproduce the facts of the case; suffice it to say that we are still of opinion that the disease attained a serious epidemic form before any special measures were taken to check its progress.

Dr. Trench also defends the practice of using ashpit refuse as the foundation of new houses. He says that the organic matters of which such refuse is so largely composed are slowly destroyed by what he calls "eremacausis," without the emanation of any notable noxious gases. Happily, the public have not been convinced by Dr. Trench; and the Health Committee, having also doubts upon the subject, have referred the question to Professor Huxley. We should have supposed that the Privy Council would have been a better authority; but, as the question is one of simple common sense, the Professor will probably advise the Corporation rightly.

THE ENGLISH AMBULANCE.

WE are glad to learn from Dr. Russell that the English ambulance is at work and doing good at last. Dr. Wills and Dr. Macrobin are with the armies in front of the French, and have had plenty of practice already. The ambulance is divided into four sections, each with two ambulances and one store-cart, three medical officers and a proper complement of attendants with each division. Division C was at Dourdan on the 13th. The English had done a good deal *pro raté* at Etampes, where there were many badly wounded. At Augerville, the general in command refused to let them proceed, principally on account of their having French drivers. The conduct of the hospital staff corps men is described as being in all respects most exemplary. There are now at St. Germain only some reserve stores in charge of Mr. Young, but he is ready to use his men and carts for hospital purposes in case of a sortie. We understand that Dr. Porter, who returned to this country from Versailles, was unable to effect his return *vid* Havre. He is at present in England. Dr. Guy has not arrived. We have been told that the committee of the London Society for the Relief of the Wounded had determined on

recalling the ambulance; but now that there has been a sortie from Paris, and some hard fighting at Amiens and other places between the Army of the Loire and the force of Prince Frederick Charles, we presume the committee will defer the execution of their intention for the present.

THE BLANE MEDAL.

THE adjudication of the Blane medal has just been made by the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Director-General of the Medical Department of the Navy (in accordance with the bequest of the founder, the late Sir Gilbert Blane, Bart., formerly physician to the fleet), to naval medical officers who have shown the most distinguished proof of zeal and ability in the professional returns rendered annually to the Medical Department of the Navy.

The medals, which are awarded biennially, have been on this occasion conferred on David Lloyd Morgan, M.D., Deputy Inspector-General of Hospitals and Fleets, recently promoted to that rank, and now serving at Bermuda Naval Hospital; and on Alexander Rattray, M.D., Surg. R.N., now serving in H.M.S. *Bristol*, training ship of naval cadets.

MAURITIUS.

ON the arrival of the 2nd battalion of the 20th Regiment at this station it was detained in quarantine for some time, in consequence of the prevalence of measles among the married people of the corps, and the disease, we understand, subsequently extended so that the cases became very numerous. As regards the health condition of the island, it appears to be, on the whole, satisfactory. The number of relapses from fever, and the resulting death-rate, have steadily fallen, and the civil population in Port Louis are said to be healthy. The death-rate for the colony for the month of September was 20 per 1000.

The sanitary improvement in the Mer Rouge and Candan Basin advances in a satisfactory manner; as many as between 200 and 300 prisoners have been daily employed on these works for nearly two years past, and Dr. Reid reports that so far from their health having deteriorated it had actually improved.

HEALTH OF LIVERPOOL.

LAST week there were 386 deaths in Liverpool, being 54 above the average of ten years, and 100 above the corresponding week last year. 193 deaths were of children below five years. There were twenty deaths from typhus, and 23 from relapsing fever. There are in the parish workhouse 1263 cases of fever. Measles, scarlet fever, and especially small-pox, were reported on the increase. All the hospital accommodation is in use. Dr. Clements, one of the resident medical officers, has returned to duty, after suffering for some weeks from relapsing fever; but Dr. Harris, who took Dr. Clements' place, is now laid aside with it. One of the paid nurses is dead, and ten others are suffering from relapsing fever. 311 cases of fever and small-pox were admitted in the week. At Toxteth-park there are 252 cases of relapsing fever in the workhouse, and 564 under the care of the district medical officers. At West Derby there are 109 cases of relapsing fever and 4 of scarlet fever in the hospital, but there is no return of the cases outside.

SEWAGE IRRIGATION.

IT is a healthy sign when farmers offer to take town sewage for purposes of irrigation. A Mr. Norris, who carries on extensive farming operations at Broadclist, a village near Exeter, has offered to take the whole of the sewage of Exeter for irrigation purposes, if the local board would undertake to deliver it at the highest point of his farm. Mr. Norris would have a splendid bargain. Mr. Hope pays £600 a year for the sewage of 6000 people, delivered to him at the highest point of his farm at Bretons, or less than one-tenth of the inhabitants of Exeter and St. Thomas's. We would strongly advise the Exeter people to close with this offer, at least for a term of years. They may as well pump it on Mr. Norris's farm, where it will increase the produce tenfold, as pump it into the Exe and let it run to waste; and after a few years they will have no difficulty in finding plenty of customers who will be glad enough to pay them for it.

APROPOS OF PRUSSIAN ORGANISATION.

THE organisation of the Prussian army has been a fertile theme for the journals of this country, and, as an example of the elaboration of arrangement in that service, the formation of a corps of gravediggers was cited. We are assured, however, that this is incorrect, there being no such corps in existence. In the article on the French and German Armies and the Campaign in France, in the last number of the *Quarterly*, it is said that a label is required to be worn by every man, which serves to establish his identity if killed, or which, if only wounded, serves for the description of his case, written by the surgeon who first treats him, for the information of the medical officers of the hospital to which he may be consigned. It is, however, an error to suppose that one and the same ticket subserves both purposes, for they are distinct. Every soldier wears an "identifier"; and, in case of his being wounded, he is labeled afresh by his medical officer.

SIR RODERICK MURCHISON.

THE scientific world will have heard with extreme regret of the dangerous condition of Sir Roderick Murchison. We understand that he is labouring under paralysis of the left side, the seizure having taken place early on Sunday, the 20th ult. His paralysis is attributable to cerebral disease; but its incidence was not accompanied by any loss of consciousness; on the contrary, Sir Roderick retains possession of his mental faculties. We are glad to learn that he is going on as well as can be expected, considering his age (seventy-nine) and the nature of the attack.

INFECTIOUS DISEASES AT LEICESTER.

WE understand that the managers of the Leicester Infirmary have declined to permit the erection of a building on their grounds for the reception of cases of infectious disease as advocated by Dr. Barclay, Dr. Crane, and others. The ground of refusal is the fear of communicability of infection to the inmates of the infirmary. The local Board of Health appear to have been foiled in several attempts to secure what they conceived to be an eligible building for their purpose, and we believe it is now their intention to build a permanent hospital for infectious cases, if the necessary support can be obtained. The corporation will contribute, and many gentlemen in the county have signified their willingness to aid the project.

THE SCHOOL BOARD ELECTIONS.

THE results of the School Board elections have, on the whole, been most satisfactory. We are glad to see that our good wishes for Miss Garrett have been more than fulfilled, and we hear it was intended that the candidate at the head of the poll in Marylebone should take the chair at the first general meeting of the Board. In that case

Miss Garrett, whose majority is overwhelming, will have the honour of presiding over the first steps towards the general education of the metropolis.

CONTAGIOUS OPHTHALMIA.

WE learn from the report of the meeting of the Lambeth Board of Guardians that contagious ophthalmia prevails in the Norwood schools. The medical officer, Mr. Sharman, states that 175 cases have come under his care since June. It is gratifying to be able to add that 110 of these cases have been cured, and that in no instance has the sight suffered. We trust, however, that the mildness of the epidemic will in no way serve to diminish the attention paid to it, or to induce forgetfulness either of its continued contagiousness, and its tendency to relapse after apparent recovery, or of the terribly destructive form that it may at any time assume. In Belgium, between the years 1830 and 1834, it is said to have destroyed one eye in ten thousand cases, and both eyes in four thousand more. The guardians should spare neither time, trouble, nor expense, in their endeavours to extinguish the epidemic; and should take especial care that the orders of the medical officer are thoroughly carried out by all persons connected with the establishment.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE fourth anniversary session of this Association will be held at the Freemasons' Tavern to-day (Friday) and to-morrow (Saturday), December 2nd and 3rd. The meeting this evening (Friday) will be at 7 P.M., when certain business connected with the Association will be transacted, to be followed by the reading of a paper by Dr. Whitmore on "Sanitary Defects and Sanitary Needs." To-morrow (Saturday) the session will be resumed at 5 P.M., and Dr. Richardson will deliver his anniversary address, entitled "For the Future of Physic." The anniversary dinner will be held in the evening at a quarter past six.

THE Poor-law Commissioners for Ireland have instructed their inspectors, Mr. O'Brien and Dr. Hill, to make an inquiry on the subject of small-pox in Belfast, several cases having occurred there during the past six months. The object of the investigation is to ascertain, if practicable, the cause or causes to which the existence of the disease in Belfast is attributable, during a period of time in which it has been almost wholly absent from the rest of Ireland.

THE last weekly return of deaths from scarlet fever in London was 122, against 162 in the week preceding. There are only too many reasons, however, for doubting whether the epidemic is really subsiding, as the mortality returns would seem to indicate.

WE are glad to hear of the intention to establish a cottage hospital at Devizes. The county of Wilts is remarkably ill provided with such medical institutions as hospitals and dispensaries, and the want of them must at times be severely felt.

Two official inquiries have been ordered by the Board of Trade during the past week, in cases where ships have returned from the East Indies with men on board suffering from scurvy.

DR. JOHN MURRAY has been appointed assistant-physician to the Middlesex Hospital, to fill the vacancy caused by the resignation of Dr. J. Burdon-Sanderson, F.R.S. There were two other candidates.

REPORT
OF
The Lancet Sanitary Commission
ON
RELAPSING FEVER IN LIVERPOOL,
AND ON THE
GENERAL SANITARY CONDITION OF THE TOWN.

No. III.

THE HOUSES, COURTS, AND CELLARS.

THE courts of Liverpool have been a standing trouble and expense to the inhabitants for seventy years. In the year 1802 an inquiry took place as to the cause of the excessive sickness then prevailing, and the physicians ascribed it to the condition of the courts and cellars, and to the vast number of persons who were congregated in them. They recommended that the cellars should be emptied of their inhabitants and filled up. During forty years, however, the evil went on increasing; and, in 1842, such was the dreadful condition of the town that it was found absolutely necessary to obtain a special Act of Parliament to put an end to cellar occupation and regulate the construction of future buildings. Although the powers of this Act were extended in 1846 and 1854, no material change took place in the principles of house-building, and it was still legal to make cellars unfit for human habitation, and to erect houses in blocks or courts, in the centre of which were placed open privies and cesspits occupying not less than one-tenth of the entire area. There are in Liverpool at the present time about 82,000 houses, of which nearly half have been erected since 1847. The larger number have been erected in the suburban districts, and, as the courts were most of them in existence before the above date, it follows that the majority are clustered together in the more central parts of the town. If, therefore, we describe the condition of the courts as they were found in 1864 and remained until 1866, it must be borne in mind that the same state of things had been in existence since the beginning of the century.

The official inquiry in 1863 showed that there were 3173 courts in the borough, containing 18,610 houses, which, on an average, consist of three habitable rooms, one above another, whose cubical contents range from 700 to 900 ft. These apartments are closed on three sides. Two only, as a rule, are provided with open fireplaces. The top room is generally without a fireplace, and its size is diminished by a sloping roof. The windows are usually 6 ft. by 3 ft., but that of the attic is much less; none of them reach the roof. There is a narrow staircase in one corner, reaching from floor to floor, which serves also to convey the effluvia of the lower rooms to those above. Beneath the majority of these houses is a cellar, which, however, cannot be legally occupied unless the area abuts upon the open street and the ceiling is at least 6 ft. high and 2 ft. above the level of the ground. Many of these cellars are used as workshops, and when they are not inhabited they are used as hen-roosts, dust-bins, and receptacles of every sort of filth, from which poisonous emanations are disseminated through the house. This dangerous mode of using the cellars cannot be prevented by the inspecting staff. If the entrances are closed with brickwork, the brickwork is pulled out, or the inhabitants tear up the floors to shoot their ashes &c. into the vault below. Nor is it possible to prevent their occupation by human beings, whose poverty and wretchedness place them practically beyond the reach of law. Indeed, it must now be admitted that the only remedy is to fill them up, an operation which it is estimated would cost the borough £200,000.

The average number of houses in a court is 5·86. In one division of the parish there were 673 courts which, in 1863, had only a single entrance of a yard, or less, wide. Of these entrances, 526 were arched, and 147 were open. Of the same number of courts, 447 were closed all round, and 226 were open at the upper end, and only 52 on both sides; 98 had privies at the entrance, 409 had them at the upper end, and 52 had them at both end and entrance. No less than 19 courts had been formed by building houses all round the back-yard of a common dwelling-house, access being obtained either by a sort of tunnel opening, or by using the entrance hall as a common thoroughfare.

In 1864 models of some of these courts were laid before Parliament. In one case the superficial area, including half the width of the adjoining street, was 13,720 superficial feet; the area occupied by buildings was 4933 superficial feet; the area occupied by middens was 322 superficial feet; the cubic contents of the middens was 1612 cubic feet; the number of houses in the court 24; and the estimated weight of the contents of the midden when full was 60 tons. Until 1866 the contents of the middens oozed out into the subsoil, and through the cellar walls, where it often formed a pool upon the floor. Wells were dug in the corner, or underneath the bed to receive this fever-producing liquid. Some of the cellars are double, the back one being perfectly dark and devoid of ventilation. Some of this class of cellars are to be seen occupied by families at the present time.

In these courts the water-supply was, until lately, equally abominable; but at the present time there is a tap in every court, and often in every cellar. The latter arrangement is owing to the circumstance that the old water companies were unable to recover their rates unless the supply was taken inside the house. This separate supply is, however, no advantage. It is not so handy for the inhabitants of the upper rooms as a tap in the courtyard, and the leakage tends to make the basement of the houses very damp. The service is not constant. Of late it has been on for ten hours daily. In August last the time was reduced to eight hours, owing to the insufficiency of the general supply, which, according to the testimony of the borough engineer, is not greater in proportion to the population than it was in 1847. The average domestic consumption for the whole population is twenty-five gallons per head per day. But there is the greatest variation; and it is estimated that the actual personal consumption varies from four to thirty-eight gallons per head per day. Judging from the appearance of the inhabitants of the courts, it may be inferred that their consumption of water per head in few cases exceeds the lowest figure. Over and over again there were no washbasins or buckets to be found in the houses; indeed, the people acknowledged that one washbasin served for several families. Here and there a clean family is seen; but more frequently the filth is unmitigated, even whilst the water is running away to waste in the court close by. We shall hereafter note the effect of this want of cleanliness on the air in the dwelling-rooms.

In 1844 no court in Liverpool was paved, or had a covered drain. At present the paving is excellent, and there are covered drains in all. Dr. Duncan found that 44 per cent. of the cellars were damp, partly owing to the oozing of liquid from the privies, and often from the wet clay on which the houses have been built. It was ordered that every basement should be drained, either by a drain in the area, or by one inside the cellar. But it may be doubted if the remedy is not as bad as the disease. The drains constructed in the subsoil are open to admit the water, and of course they are also liable to emit sewer gases into the foundations. In this class of house, also, originally well-made drains are least to be relied upon. The traps are continually broken, removed, or sold. In the disused cellars the traps also become dry, or are covered up with refuse, &c.; in which case the imperfectly closed drain becomes an outlet for sewer gases, which, mingling with other offensive effluvia from the contents of the cellar, help to contaminate the air within the houses from bottom to top.

Although this general description applies particularly to the 18,000 houses in the courts, there are at least twice as many more constructed exactly on the same plan, which differ only in facing on a street. So persistently have the builders kept to this "straight up and down" principle, that many such houses are to be seen standing quite alone in a position where it would have been easy to obtain thorough ventilation by doors and windows on more than one side. This most unhealthy form of building is all but universal, and the houses are combined in every possible fashion so as to economise space and obstruct both light and ventilation.

But it is now time to allude to the great improvements which have been effected by the corporation in these courts since 1865, when they obtained power to borrow £200,000 and to pull down houses which obstructed light and ventilation in the courts. Of this sum £80,000 has been spent in pulling down about 400 houses, in improving the paving and drainage, and in substituting trough waterclosets for open privies. Nearly 400 courts have been improved from this expenditure. The Health Committee have also spent from another source £40,000 in aiding proprietors generally to convert privies into waterclosets, to remove obstructions to light and ventilation, and to effect other sanitary improvements. Not the least improvement resulting from this expenditure is the removal of open privies and the introduction of trough waterclosets, of which a full description will be found in the last report of the Medical Officer of the Privy Council. They are now adopted in nearly all the courts and public streets where there is no private convenience in the separate houses. They are undoubtedly the most simple and successful semi-public waterclosets anywhere in use. They are economical of water, and their essential arrangements, being beyond the control of the ignorant persons for whose benefit they are intended, cannot be misused. But our inspection does not enable us to affirm that these are a perfect or an absolute success. Our first objection is that they meet the wants of less than half the population. Children cannot use them without being accompanied by an adult, and even then with difficulty. The doors ought properly to be kept locked, but this is next to impossible when a closet has to serve for eight or ten houses, with two or three families in each. When left open, the seats are invariably in a wet and filthy state; whilst when the doors are locked the lock is above the reach of children. The impression conveyed by the inspection of very many courts at different hours of the day and night was, that the seats of the closets, especially where the closet serves for more than two houses, are but little used even by adults, and scarcely at all by women and children. It was observed, for example, that in a court of four houses no less than fourteen persons had defiled the pavement underneath the windows, most of them clearly being children; and yet in this very court there were children at play. It is exceedingly difficult to determine who is the person responsible for keeping the seats in order. Moreover, it is a labour of Sisyphus, for much of the house-slops is poured into the trough through the open seat, because the drain in the court yard will not take the solid matters which the slops contain. Close inquiry proved conclusively that the more decent women object to pass to the closet through the open street, in which, indeed, the closet often stands. There is, therefore, a very general practice amongst the women and children of using the chamber utensil, and of emptying it at nightfall through the closet seat. It is one of the most serious objections against the construction and arrangement of the houses of Liverpool, that every inhabitant steps necessarily from the threshold to the court or street. Shame is thereby destroyed, and the people who have a trace of modesty in them are compelled to resort to disgusting practices, which tend to impair their health, and eventually their morals also. There is another fundamental defect which nothing short of demolition will remedy—viz., the darkness of the courts at night. Light is as necessary for public safety and for sanitary purposes by night as it is by day; and yet it would be ruinous to attempt to light up the dark corners of these courts. It is difficult to convey an adequate impression of the dense darkness which prevails in them. The practice of using these courts as public privies is very largely due to it, as also is the filthy condition of the closet seats. Under its cloak windows are broken, and assaults and robberies are committed with im-

punity. A poor woman was half murdered for giving evidence which sent a thief to gaol, and brickbats are often hurled through the windows at offending neighbours. In fact, it is hopeless to think of improving the condition of the inhabitants without giving them the protection of sufficient light at night.

Whilst admitting, therefore, the great improvements which have recently been made by the corporation, there are fundamental objections to these courts and houses which no mere alterations will remove, the cardinal objection being that all the expenditure has failed to effect that to which the external ventilation is but the first step—viz., the constant introduction of pure air within the dwelling-rooms, and its maintenance in a wholesome condition by continual change. Not one of these houses, not one of the rooms in them, admits of thorough ventilation. Whilst there are many sources from which the air receives pollution, there are not, and cannot be, openings by which it can escape and be renewed. The subsoil is tainted with the filth of half a century; the cellars reek with offensive emanations; the imperfect drains pour out their noisome gases; the brickwork has been saturated for years with human excreta. The privy, indeed, has been removed; but the dustpit remains, with its open drains sending out noxious gases. The very walls of the houses are impregnated with infection, which neither fumigation nor whitewashing will destroy; and the internal air thus infected and shut up destroys the infants, and takes the very manhood out of the adults.

We reserve our observations on the interiors until a future occasion, and will conclude this Report with a few observations on the policy of spending public money in improving the property of private individuals without a reasonable prospect, as it seems to us, of securing the object for which that expenditure has been so liberally made—viz., a perfect sanitary state. It would seem, indeed, that the Health Committee has already entertained some doubts; they have ceased to pull down houses and further improve the courts, and for some time past no contributions have been made to proprietors towards the expense of sanitary improvements. Perhaps it has occurred to them that they have been engaged in washing a blackamoor white. They have given the courts light by day, and left them by night in darkness; they have admitted the air to the outside of the houses, without being able to secure its admission into the dwelling; they have provided the courts with water, paving, drains, and waterclosets, but they are not appreciated by those who were called by Professor Huxley "the savages of Liverpool." They send their officers to wash the courts, to flush the drains, to empty the waterclosets, and remove the refuse, without making the population a whit more cleanly. They send another staff to see that the people do not occupy the cellars, or overcrowd the rooms, although both evils are promoted by the construction of the houses, and the limited resources of an ignorant and enfeebled population. And now, in the face of an unparalleled accumulation of epidemics—relapsing fever, small-pox, scarlet fever, and measles—they send a fresh staff to disinfect the houses after the Vestry have removed the inmates to numerous hospitals supported equally by the public rates. Where is this to end? It is proposed next to spend £200,000 in filling up the cellars. The next step must be to lighten up the darkness, and put ventilators in all the rooms; or, may be, a new staff will be created to wash the insides of the houses, as they do the courts, and perhaps even the faces of the inmates also.

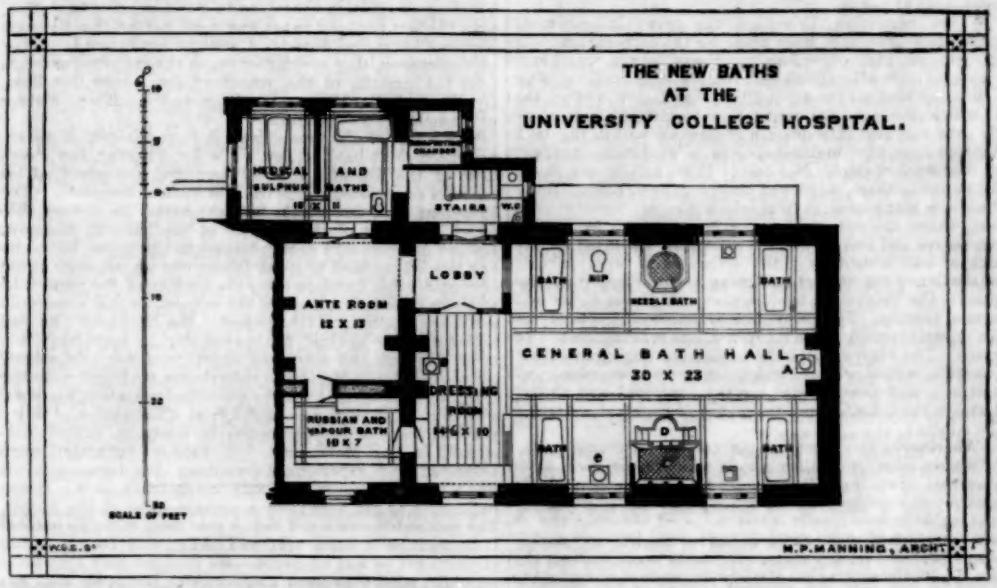
The only remedy is demolition; and it were better that a single court should be destroyed than that a score should be improved. There would be at least one evil place the less, and in time there would be hope that all would disappear. At present the courts are practically supported by the public rates and charity. Withdraw all public assistance from the inhabitants of all or any of these courts, and the houses would soon be closed. The rent of them is, in fact, the first charge upon charity and the poor-rate. It is the public who pay the rent of the 12,000 out-door paupers who live in these houses, to the extent of £30,000 a year at least, and the whole of the £155,575 expended in poor relief goes to paupers who have been bred and born in them. Were it not for the assistance of the rates, the inhabitants would certainly be driven out by disease, and the famine which follows in its course. These courts, too, are an abyss into which the charity of the benevolent flows perpetually in vain. So far from relieving, it supports and augments the evils. Liverpool has expended more than half a million on a public park for the ostensible benefit of the classes who reside in courts, but who have neither education fitting them to appreciate the boon, nor even the strength to take advantage of the walk. And she need not grudge to spend an equal sum in razing these pest courts to the ground, for she will gain by the transaction. It costs more to maintain these unwholesome dwellings as they are than it would do to pull them down. At all events, the question must be fairly discussed and met. Are the courts to be further improved at the public cost, or will it be safer to adopt a policy of demolition, to be brought about slowly, and court by court,—first, by a persistent refusal of relief and public charity to the inhabitants of overcrowded and unwholesome dwellings; secondly, by the cautious purchase of entire properties with a view to demolition and resale; thirdly, by the opening out of new streets and thoroughfares; and, lastly, by the systematic introduction of a few experimental barracks, affording cheap yet wholesome accommodation for the single, and of experimental houses for the married labourers?—the object being, not to provide the labourers with dwellings cheapened at the public cost, but to convince the capitalist that suitable accommodation for the labourer may be made to pay, without entailing a burden of sickness and pauperism on the ratepayers. The problem may be difficult, but it is not hopeless of solution. It must be solved by the public in self-defence; but when once solved we may rest assured that the supply of wholesome houses will equal the demand.

THE NEW BATHS AT UNIVERSITY COLLEGE HOSPITAL.

THE attempt which, for the first time, has been made to provide proper appliances for the administration of ordinary and more distinctly medicated baths in the large general hospitals of London, may now be regarded as completely successful in the case of University College Hospital. The details of the plans for the new baths have been finally approved and agreed upon, and their erection will at once be commenced. These appliances we regard not merely as accessory conveniences, but as essential to the efficiency of our hospitals and the successful treatment of disease, and their provision in the present instance, we hope will give an impetus to the neglected study of balneology in this country. We are informed that the want of suitable baths has been seriously felt for a long time, but no opportunity of acquiring them was forthcoming until it was created by the appearance of our strictures on the existing deficiency of hospital appliances, and the comments we made upon the subject in urging hospital authorities to provide, amongst other things, proper baths. Our remarks appeared at an opportune moment, and, taking advantage of them, Dr. Tilbury Fox was enabled to convince the committee of the hospital of the necessity which exists for baths. Notwithstanding the difficulties in the way, perseverance and a good cause have secured nearly the whole of the amount required. The original estimate for the baths was about £1000; but certain alterations, which will increase their efficiency, have been considered advisable, and the cost will now be £1310. The money will be well spent, in that it will not afford merely temporary relief, but be a source of permanent benefit to the poor, a point well worthy the attention of the charitable in reference to the claims of our hospitals generally.

In planning the baths, advantage has been taken of some large cellars in the basement of the hospital, which will form the general bath-hall, 30 ft. by 23 ft. This hall (see plan), which has a dressing platform attached to it at one end, 15 ft. by 10 ft., will contain four or five ordinary porcelain baths for hot and cold as well as alkaline baths, a wooden bath for acid applications, and also needle, shower, douche, sitz, hip, and other baths. This general hall is shut off from the room in which the iodine, mercurial, and sulphur baths are, by a lobby and anteroom. From the dressing platform the Russian or Turkish bath is entered. It is a

room 10 ft. by 7 ft., which will be heated from beneath to a temperature of about 160° Fahr. if necessary; and by an ingenious arrangement, instead of hot air, steam may be admitted into this chamber, and a vapour bath administered in it. The mercurial and sulphur baths, occupying a space of 15 ft. by 11 ft., with an adjoining hot chamber (7 ft. by 5 ft.) for the disinfection of the clothes of patients suffering from itch and phtheiriasis, are quite separate from the other baths, and have a distinct entrance away from the general bath-hall and the Russian bath, whilst the



fumes therefrom are conveyed away to the top of the building by a special pipe. It is intended that the patients suffering from contagious skin complaints shall enter direct to the medicated bath-room, take off their garments, and deposit them in the disinfecting chamber to be disinfected during the time they are themselves taking whatever bath is considered advisable, and either put on clean things, or, if this be impossible, resume those which will have been so treated as to be no longer a cause of disease in themselves. The cases calling for this plan of treatment are by no means few. The whole of the baths will be warmed by hot-water pipes, the walls cemented, and the floors tiled, so as to be easily and thoroughly cleansed. The architect, Mr. M. P. Manning of Mitre-court, who has utilised the available space in a most admirable manner, has been very favourably mentioned in our columns before in connexion with other hospital improvements.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE half-yearly meeting of the Poor-law Medical Officers' Association was held at the Freemasons' Tavern on Tuesday evening; Dr. Rogers in the chair. Besides a considerable number of metropolitan and provincial members, the meeting was attended by Dr. Lyon Playfair, M.P., Dr. Maunsell, of Dublin; Dr. Aldis, Dr. Barclay, Dr. Letheby, Medical Officers of Health; Dr. Sansom; and Mr. J. Lewis, of the Registrar-General's Office.

In his address the President gave an account of the propositions respecting a fundamental reform of the Poor Law handed in to Mr. Goschen at the deputation on the Registration of Disease. He then read some long extracts from a letter of Dr. Maunsell, commenting on the remarks made on the Irish system of medical relief in the last annual report of the Poor-law Board. Dr. Maunsell observes that whilst an out-door pauper in England costs £4 5s. per annum, a dispensary patient, who is the equivalent in Ireland, only costs half-a-crown; that pauperism in England is augmented by the want of a Medical Charities Act, under the operation of which the public health would be improved, and thousands escape the taint and even the name of pauperism. The Poor-law Report states that a much larger proportion of sick paupers are required to come into the Poor-law hospitals in Ireland with its dispensary system than in England without it. But Dr. Maunsell points out that the Poor-law Board have omitted to notice that of 240,843 persons admitted during the year to the Irish workhouses, only 55,607 were sick. It was a mistake to say that more sick patients are removed to the workhouse, for if the patient chooses to remain at home, there is, in Ireland, no power of removing him against his will. It is then shown that there are just as few medical men in the rural districts of England as there are in Ireland, and in the two countries about the same proportion of the profession belong to the Poor-law service. Dr. Rogers then disproved the statement that nearly all persons who are attended by the English Poor-law medical officers require further relief as well. He quoted from fifty letters on this important point. One gentleman says: "I frequently attend small shopkeepers, and the servants of farmers, and good tradesmen, and even farmers with small holdings." Another: "I have been repeatedly ordered to attend persons not on the list of paupers." Dr. Rogers then alluded to the great inequality in the area and population of Poor-law districts, and of 664 which exceeded 15,000 acres, he pointed to twelve which were over 50,000, three above 60,000, four above 70,000, two above 90,000, and one above 100,000 acres in extent; whilst there were nine gentlemen who had to attend a population of 40,000, one of over 50,000, and one of above 80,000 people. From these facts, and from numerous cases of unavoidable delay and neglect, he argued that the failure of the English system was not due to Poor-law regulations, but to the absence of all but the semblance of them.

Mr. JAMES LEWIS, in rising to open a discussion on the registration of diseases, observed that the Medical Relief Book was the mine which required to be worked. These books could not be sent away in bulk. The State wanted only broad facts. The books required to be simplified, and then he suggested that they should be copied like tradesmen's bills in a shop by means of transfer paper. Frequency was a matter not to be lost sight of. He thought the returns should be made weekly in the towns, and monthly in the counties. The medical officers should look for increased

salaries for sanitary work rather than for making this return.

Mr. BENSON BAKER proposed: "That, in the opinion of this meeting, it is desirable that a general registration of new cases of disease coming under treatment at the public cost in workhouses and Poor-law districts should be established, and that the medical officers of such workhouses and districts, as having the largest opportunities of observing facts prejudicial to the public health, should be entrusted with the duty of making weekly, or, in times of pestilence, more frequent, returns of cases coming under treatment, and of other facts concerning the spread of disease, to the health officers of the respective localities." Mr. Baker observed that there was a sort of health twilight in London, due to sanitary defects. Hundreds, without being positively ill, were rendered unfit for exertion, and eventually became dependent on the rates. Guardians were as interested as medical officers in removing sanitary defects.

The motion was seconded by Dr. Maunsell, and spoken to by Dr. Barclay, Dr. Letheby, Dr. Brett, Dr. Sansom, and others.

Dr. LYON PLAYFAIR observed that the Irish Poor-law service had obtained the respect and gratitude of the public less for what it had positively done for the relief of sickness than for its exertions in a preventive capacity. It was recognised in Ireland that pauperism was diminished by this sanitary and preventive service. And the Poor-law medical officers of England would assume the same high position by attaching themselves to the sanitary service of the country in the same way.

Mr. W. BARNES then proposed—"That the workhouse and district medical officers be appointed and styled 'deputy health officers,' and be remunerated for the proposed health returns upon a scale to be determined by the central authority."

Dr. BARCLAY wished, as an officer of health, to second this resolution. He welcomed with great cordiality the accession of the Poor-law medical officers to the sanitary staff.

These resolutions were passed unanimously, and ordered to be forwarded to the President of the Poor-law Board and the Chairman of the Sanitary Commission. A vote of thanks to Dr. Rogers was carried by acclamation.

Correspondence.

"Audi alteram partem."

THE MEDICAL PROFESSION IN GLASGOW.

To the Editor of THE LANCET.

SIR,—Had you done me the justice to have inserted the communication I addressed to you simultaneously with the letters of Dr. Perry and "A Member of the Glasgow Medico-Chirurgical Society," the position in which I have been placed before the profession could not be considered so unjust. This kindness, however (for reasons best known to yourself), I am sorry to say you have denied me, and I am again under the necessity of appealing to your sense of justice as a public journalist wielding a great power, for the purpose of vindicating myself before the distant members of the Glasgow Medico-Chirurgical Society and the profession generally. The objects of the Society in question are "to receive communications on medicine and surgery and the collateral sciences, to converse on medical topics, and to promote professional improvement by any means that may from time to time be approved by the Society." Consequently a paper on medical reform came clearly within the defined limits.

With the contrast which Dr. Perry draws between the Medico-Chirurgical Society and the Glasgow Medical Association I have not much to do. I have no doubt the members of the latter are not disappointed at his finding; but as my object is personal vindication, I shall spare you any further remarks on this portion of his letter. Regarding my address, Dr. Perry writes as follows:—"The address in question was, however, read before the Medico-Chirurgical Society, but the statements and arguments were very far indeed from being endorsed by the meeting. They were, on the contrary, repudiated by almost every speaker, and while many of the statements were listened to with amused incredulity, and referred to as startling from the novelty of the assertions, the judgment was almost unanimous that the state of the profession in Glasgow was misrepresented." To every proposition contained in the foregoing quotation, save the fact that my paper was read before the Glasgow Medico-Chirurgical Society, I have no hesitation in giving an uncompromising contradiction, as the subjoined excerpts from the remarks of the president, Dr. Adams, Mr. Reid, Dr. Fleming, Dr. Morton, Dr. Lyon, and Dr. Eben. Watson will conclusively substantiate.

The report of the proceedings is from the pen of an experienced short-hand writer, while Dr. Fleming, the President of the Faculty, himself corrected the proof of his remarks as reported in the *Glasgow Medical Examiner*. "The President said Dr. Black had expressed, in a very able paper, his views of the practice of medicine in Glasgow. He had listened with great pleasure to the paper, but as no one seemed inclined to speak (there was an ominous pause of considerable duration after the reading of the paper), he was afraid he had exhausted the subject, or that none could say much against it" (the paper). Mr. Reid said "he had nothing to say against the paper, for he considered it a most eloquent and searching exposure of our professional grievances." As Mr. Reid's remarks are too long for further insertion in a letter, I may be permitted to state in a general way that he, speaking as he did from a knowledge of thirty years at least of the profession in Glasgow, entirely concurred in my statements. A former certainly much respected and experienced president, Dr. Lyon, said "it was a very able paper, and with much truth in it. It was impossible to get fees from a certain class of the people. The profession was much better now than when he entered it (it must have been very bad then), and that it would improve yet he had no doubt. He thought that they must just take what they were able to get. He never took less than was proper, but they could not expect tradesmen to give five shillings for a fee. He had no doubt that the remarks made by the Dr. (Dr. Black), would be productive of much good, and he deserved great credit for his able paper."

"Dr. Fleming said there was much in Dr. Black's paper with which he agreed, but there were one or two points in which he did not exactly concur." The points in which Dr. Fleming did not concur were the following: the question of fees, hospital appointments, and gratis vaccination. Dr. Fleming's dissent involved questions of opinion and questions of fact. Of the latter, Dr. Fleming contradicted *not one* in my paper. On the former, I am willing to differ from him; though on the question of fees to the humbler classes, our views are quite in harmony.

"Dr. Eben. Watson said, whilst on his feet, he might say that he admired [Dr. Black's paper very much"; and Dr. Watson, at some length, strongly coincided in my views, but requested that the remarks supplementary to the foregoing should not be reported.

"Dr. Morton had listened with pleasure to Dr. Black's paper, but thought he had left out some very important matters. Many years ago the Faculty of Physicians and Surgeons adopted a code of ethics; if that code of ethics had been followed, we would have had no special dispensaries." Professor Morton further stated that "he for one would have liked to have the fees higher; he was ashamed of the shilling fee."

"The President, Dr. Adams, said the discussion had been protracted to a late hour; but he could not close it without remarking the great literary ability displayed by Dr. Black, and indicated his opinion, that while the evils and disadvantages of special dispensaries had been eloquently shown, a good deal could be said as regards both the interest of the public and the profession for their continued existence."

Now, Sir, how Dr. Perry can reconcile the above remarks on my address, by the very gentlemen he has referred to in his letter to you, with such phrases as "amazed incredulity," "startling novelty of assertions," &c., I leave himself to explain, and the readers of THE LANCET to estimate the value of his statements.

The letter of "A Member of the Medico-Chirurgical Society" is so devoid of that dignity which should characterise the advocacy of a good cause, and so significant of

wounded feeling, that the author will excuse me, I trust, if I take no further notice of his communication.

You speak, Sir, as if my statements have been refuted. I challenge you to show me how or where. Not one fact in my address has been shaken, and if the letters of Dr. Perry and "A Member of the Medico-Chirurgical Society" afford the only ground on which you have to congratulate the profession in Glasgow, you will pardon me if I hazard the opinion that you have indeed little to offer. You remark "that it would be well if such papers as Dr. Black's were carefully considered by a committee before being read before such a Society as the Medico-Chirurgical of Glasgow," which statement, by interpretation, may signify that an exposure of professional iniquity should be suppressed, particularly if it affect some confessedly on a higher social platform, but whose love of truth cannot be greater, than mine.

The following excerpt of minute of the Proceedings of the Medico-Chirurgical Society for October 7th, 1870, was copied by me, in the presence of Dr. Perry:—"Dr. D. C. Black read a paper on Certain Aspects of Medical Reform. He discussed, at considerable length, a number of highly interesting questions affecting the profession. He directed attention to the small number of physicians and surgeons in this city who restricted their practice to consultations. He considered that the charges of some gentlemen practising among the wealthier classes were much too low; and that, as a necessary result, the younger members of the profession and those generally whose labours were among the working classes, were compelled to take exceedingly small fees. He objected to special dispensaries. He criticised the action of the Faculty of Physicians and Surgeons in providing gratis vaccination, and he disapproved of the system by which the medical and surgical staff of the Royal Infirmary are elected. An animated discussion followed, in which Mr. John Reid, Dr. Fleming, Dr. Lyon, Dr. Eben. Watson, Dr. Morton, Dr. Macleod, Dr. Steven, Dr. Renfrew, and the President engaged. Considerable diversity of opinion was expressed on the various subjects treated of by Dr. Black."

Relying upon your sense of justice to me,

I am, Sir, your obedient servant,

D. CAMPBELL BLACK, M.D.

Glasgow, November 26th, 1870.

To the Editor of THE LANCET.

SIR,—Under the above heading I was somewhat surprised, as a member of the Glasgow Medico-Chirurgical Society, upon reading a letter in your number of the 26th inst., from Dr. Perry, the secretary, purporting to have been written "by the very general desire of office-bearers and members." If such be the fact, I have to say that, so far as I know, there was no meeting of the Society called to sanction Dr. Perry's writing in such a way, and, so far as I have learned, there was not even a meeting of the Council. Dr. Perry has, therefore, taken it upon himself to express the opinions which he gives of Dr. Black's paper on Medical Reform, entirely without the voice of the Society. If he had only kept to correcting the mistake as to the paper having been published by the "Glasgow Medical Association," and not by the Society, as represented in THE LANCET unwittingly, he would have done right, but having gone beyond that, in representing matters quite differently from what took place, I, for one, cannot help remonstrating against such one-sided conduct on the part of our *senior* secretary. Dr. Black's paper was well received by the great majority of the members, and the remarks made upon it by those who spoke, for the most part were corroborative of that; and the profession, generally speaking, both in the city and the west of Scotland, is loud in the praise both of the truth and spirit of the *exposé*. I am a native of Glasgow, and can speak to the state of the profession for fully forty years back. As to fees, I recollect when *no* medical man would have visited under *one shilling*; but upon my return to the city twenty-five years ago, after having practised twelve years in Fifeshire, I was quite astonished to find the profession at such a low ebb regarding fees, and that it was no uncommon thing on the part of medical men attending for sixpence in the working class districts, and the general fee to rather well-to-do, and even monied people, was only one shilling or one-and-sixpence. Since then there has been an extreme desire on the part of the general practitioners to have their fees raised *pari passu* with the advance of wages, and the Glasgow Medical Association, at which Dr. Perry affects to sneer, was the first to make this attempt; and in the northern part of the town succeeded in raising the minimum fee to skilled workmen, that being now at the rate of one-and-sixpence for a continuation of ordinary visits, and fifteen shillings for midwifery. The Association consists of about twenty-four respectable members of the profession; and it has done more to raise the status, considering its limited sphere, than the Faculty of Physicians and Surgeons has done, in a pecuniary way. I mention these facts to show that we are not the contemptible men Dr. Perry would lead you to suppose, but men who serve the public faithfully by night and by day, although his party has attempted to cut us up by professorial and Faculty specialism. And although he again, as assumed mouthpiece of the Society, affects to not having known of the existence of the Association, he personally and as secretary knew of it for years before he penned his present *ex parte* letter, in which he makes such questionable statements; and perhaps Dr. Perry will allow me to refresh his memory with the fact of he and his party having been communicated with when the promoters of the resuscitation and reissue of the *Glasgow Medical Journal* were remonstrated with against their doing so, under the title of the "Glasgow and West of Scotland Medical Association," thus plagiarising, *with an addendum*, our titles. I merely mention this to show that our worthy secretary cannot be so very oblivious, mentally speaking, of facts.

In conclusion, I have only to say that Dr. Black has not made a single statement in his paper which cannot be proved, even against some "Fellows of Faculty"; they are exceptional, but the facts exist, and the doings and actings of many of the said "Fellows" have been the principal causes of these facts having been brought out so prominently by him. Before closing, I cannot help stating that I have had an account challenged by a party having at least £250 a year, for having charged two shillings per visit, as compared with one of a former eminent practitioner and college professor, who, with his carriage and pair, charged only two shillings and sixpence for attending a patient for the first time of the same class as my own was then.

I am, Sir, your obedient servant,

Glasgow, Nov. 26th, 1870. JOHN REID, L.F.P.S.G.

To the Editor of THE LANCET.

SIR,—The letter of Dr. Perry on the above subject in the last issue of THE LANCET has just come under my notice, and, I must say, to my great surprise and indignation.

Being a member of Council of the Medico-Chirurgical Society, I am in a position to state without fear of contradiction that Dr. Perry had no permission or authority whatever to say one word on the subject; that he has inflicted a grievous wrong on the Society, and that he has thereby made you and your readers the victims of a deception. I have also to state that Dr. Black's paper was listened to with the utmost attention, and at the conclusion received the warmest applause, and elicited less criticism *than any paper* read before the Society during the eighteen years I have been connected with it.

The scale of fees Dr. Perry knows, and should have told you, is, and has always been, a dead letter here; neither he nor anyone else acts up to it. It is occasionally of service in cases of dispute.

So late in the week I cannot trouble you further; but I trust for the sake of truth and justice you will find room for this in your next issue.

I am, Sir, your obedient servant,

Glasgow, Nov. 30th, 1870. ROBERT GRIEVE, L.R.C.S. Edin.

THE LANCET MEDICAL ACT AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—I have read with great pleasure your suggested "Medical Acts Amendment Bill," and should vastly like to see it passed the next session; but there is one of the clauses, the 29th, that might, I think, with justice to us, be slightly altered thus:—"If any person, who for gain

either practises medicine or surgery, or any branch of medicine or surgery, or is engaged in the cure or treatment of disease or injury, and is not registered under the principal Act," he shall for every such offence be liable, on summary conviction, to a penalty not exceeding £100, and in default shall be committed to the House of Correction for a period not exceeding six months. As I read your clause, the offence seems to me to be in assuming the various titles mentioned in Schedule A—not in practising medicine or surgery.

If my reading is correct, what is to prevent several individuals in my neighbourhood from practising medicine and surgery? One man keeps a druggist's shop, sells beer, groceries, ironmongery, &c., attends all the people in the district, and is medical attendant to clubs and collieries, and of course attends midwifery. He styles his shop "Medical Dispensary," sends his accounts out headed "Chemist," but has them printed "for medicine and attendance," as a qualified practitioner would have. Three others, in different directions, all without a single qualification, practise, keep open surgeries, and have "Surgery" painted on their doors. Now, unless the alteration suggested above is carried out, I think we shall be just in the same "fix" as before.

You will pardon me for saying there is one other thing wanting to make the Act complete—viz., the appointment of a Public Prosecutor, and it should be the duty of every superintendent of police to give information of any person practising medicine or surgery illegally to such prosecutor, to enable him to bring the parties to justice.

Apologising for trespassing so much on your valuable space,

I am, Sir, your obedient servant,

Barnsley, Nov. 27th, 1870. VIGILANS.

To the Editor of THE LANCET.

SIR,—In responding to your invitation for criticism of your Medical Bill "from all who earnestly wish for the efficiency and repute of the profession," I wish to remark on what seems to be a serious omission.

You assert that your Bill "does for the public what the Army and Navy Boards do for the public services." Now that is what your Bill does not do. It stops short by only one step. You may say that it is better to attempt to push through Parliament such a Bill as yours at once; that it is, as nearly all will admit, a vast improvement on our present system; and that we ought to trust to greater experience for further development. So far this is true. But then it is apparent that such a Bill will settle the question only for a year or two, and that, as the House of Commons is likely to get sick of Medical Amendment Bills, it would be wise to attempt a link or two more in our chain of improvement while we are about it.

The Army and Navy Boards throw their appointments open to all licensed medical men, under certain conditions necessary for the services. They subject all to a competitive examination, and the successful candidates obtain their appointments according to their proved merits. Now how does your Bill do this for "the public." Clearly the service of the public cannot be restricted to mean simply licensing a man to practise. It includes this, but it includes a great deal more. The service of the public also exists wherever the public pays money, whether by local or general taxation, or "voluntary contributions" for hospitals dispensaries, unions, &c. Why, then, should not your Bill do for these civil public services what the Army and Navy Boards do for theirs? what the Government is now doing for all the other civil services? You argued against such a Bill, promoted by Sir John Gray, in the beginning of the year (THE LANCET, March 5th, 1870), that it would, on the one hand, be inconsistent with the convenience and dignity of a National Examining Board, and, on the other, that it was unwise and distasteful to subject men in practice to examination. First as to convenience. Well, it would undoubtedly involve trouble. It would be more convenient, in one sense, to give every appointment to the first comer, to the one with the greatest number of square feet of testimonials, to the one whose religious or political principles were in greatest accord with those of the patrons; all these ways would be more convenient. But great results require great means. Then as to dignity: would it not add to, rather than detract from, the dignity of our Medical Council that it had delegated to it from the Crown, the corporations, and the profession, the power of regulating the competition for every civil medical appointment in the kingdom? But I think we might all be satisfied if the new board maintains an equal dignity with those boards that are already acting in a similar capacity for the army and navy. You then go on to speak of the impolicy of subjecting practitioners to a competitive examination. But the great and primary consideration is to find, for every kind of work, the man fittest to do it; and you have been unable to suggest any plan equal to that of devising tests, "at once thorough, practical, and clinical," tests varied according to the particular nature of the work required, tests to measure the mind by the special knowledge or work required, rather than to measure the testimonials, as of "Sir Scalpel Haustus," by a foot-rule.

In this way you will not only encourage the acquirement of greater knowledge after the medical threshold is crossed by the attainment of the degree, but you will have a guide towards regulating supply and demand by knowing what standard is required for obtaining the least remunerative appointments.

The limits of a letter do not permit further remarks on the few reasons against, and the overwhelming ones in favour of, such a system. I do not urge that those changes be made all at once; but rather that our Medical Council or Senate be endowed with the power of arranging and instituting them at such times and in such a way as it shall deem convenient; and thus to obviate the necessity of going back to a weary Parliament with another Bill.

I am, Sir, your obedient servant,

A. GRANT, M.D.

Honduras-terrace, Commercial-road, Nov. 28th, 1870.

FEMALE MEDICAL STUDENTS AT EDINBURGH.

To the Editor of THE LANCET.

SIR,—In the perusal of your last issue, I noticed in the article concerning female students in Edinburgh, you allude to the disturbance which took place at the College of Surgeons last Friday week, which you represent rather erroneously. In the first place, you state "the *male students*," which may be construed by the public as meaning the majority of medical students, whereas there were not more than fifty present, and some of these did not belong to the Medical Faculty, the number of medical students in Edinburgh being between 500 and 600. In the second place, you state that the lecture could not be continued, whereas Miss Jex-Blake (one of the lady students) denied, in a letter to the *Scotsman*, that there was any great disturbance in the class-room, but, on the contrary, that the lecture was continued as usual. Finally, admitting that we have a few students here (as there are in every school) who are desirous of giving vent to their feelings, we deny that the "mobbing," as it is termed, was caused by them alone, but also by the crowd collected in the street outside the College.

Excuse me endeavouring to correct the erroneous impression which you have acquired from the report of the *Globe*, which might be damaging and detrimental for the future to the school of Edinburgh, as well as being exceedingly unpleasant to the students of 1870. I do not deny that there was a disturbance, but in every paper I have read containing an account it has been greatly exaggerated. I do not agree at all with such demonstrations against the lady students, but at the same time I do not like to see erroneous statements made concerning them.

I am, Sir, your obedient servant,

London-street, Edinburgh, Nov. 29th, 1870. STUDENT.

To the Editor of THE LANCET.

SIR,—On receiving my usual copy of THE LANCET on Saturday last, I was astonished upon reading the account of the "row" here on the 19th inst. You state that after the lecture had been given up the male students mobbed the ladies down the street. (Unfortunately you specify no number.) The statement needs only to be openly denied, as being perfectly untrue.

You then close the article with the following sentence:—"To have been a student at Edinburgh in 1870 will, for the future, be regarded as a disgrace to be concealed, after such a cowardly exhibition as that which has taken place there"; the sum of which is that for the misbehaviour of a few—what shall I call them?—the present school of medicine here is to be everlastingly censured. Do not suppose from this that I approve of any one of their actions—far from it. But surely you must admit that your decision has been very premature.

May I ask if the *Globe*—your authority, as you state—keeps a special correspondent here to report the truth?

Hoping you will see right to publish the above,

I am, Sir, your obedient servant,

AN 1870 EDINBURGH MEDICAL STUDENT.

Edinburgh, Nov. 23th, 1870.

*** We cannot regret the publication of any statements or comments which have had the effect of drawing from two Edinburgh students a disclaimer of the conduct that has been attributed to the body to which they belong. We have, of course, no knowledge of the arrangements by which the *Globe* obtains its information; but we cited our authority, and could do no more. We have already expressed our strong reasons for opposing this system of mixed medical education; and it would have been a subject of regret if the students had by any misconduct of theirs damaged a strong cause. As it is, they are still entitled to our congratulations. We are glad to have had the opportunity of reading a letter from Miss Jex-Blake to the *Scotsman*, by which it would appear that only a very few members of the class took any part in this discreditable occurrence; while the majority conducted themselves in a perfectly manly and appropriate manner, protecting the lady students, and expressing their disgust at the conduct of those who had taken part in the affair.—ED. L.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

IT is an Englishman's privilege to begin his gossip about the weather, and your correspondent has to complain bitterly of what has been dealt out in the midlands, making the usually trim streets of Birmingham a continuous quagmire of mud. The doctors seem, however, to like it more than their grooms do, as it makes them both busy. We have had some hospital elections here, and the results have given much satisfaction. The election of Dr. Clay to the post of obstetric surgeon to the Queen's Hospital is regarded as a favour conferred more on the hospital than on the gentleman; and the election of Dr. Jolly to the newly-created surgeoncy at the General Hospital will very much strengthen the staff of that institution for the purposes of clinical teaching. Dr. Jolly is a great favourite with the students, and they in no small degree contributed to the success of his candidature by strenuous canvassing. The only other candidate was Mr. Lawson Tait, who appeared, we suppose, less to oppose his friend Dr. Jolly than *pro forma* in anticipation of another vacancy. A vacancy was declared for a physiciancy, but no candidate put in a claim. In the provinces physicians seem to be going out of fashion, as the General Hospital is not the only one which has lately advertised in vain for a physician.

Dr. Alfred Haviland recently favoured us with a discursive lecture on the "Geographical Distribution of Disease," in which he detailed some of his remarkable generalisations from the Registrar-General's tables. The paper excited much interest, and drew a large audience; but a little disappointment was felt at the want of definite purpose of the lecturer, and from the fact that he did not sufficiently explain the methods by which he made his comparisons of district mortality.

The Medical Societies show energetic signs of work for the session, and the meetings which have been already held have been very successful. At the last meeting of the Branch, Mr. Vose Solomon showed a remarkable case of cysticercus of the anterior chamber of the eye, the hooklets being fixed apparently on the periphery of the iris.

The number of students attending Queen's College is fair, but less than last year. No change has occurred in the staff of lecturers, and the only addition that could be suggested is a lectureship on Pathology. It is somewhat strange that what is really the capping stone of medical science should be so neglected, and that the state of the museum is such that it really needs energetic looking after. At the General Hospital they have inaugurated an office of a hybrid description, and one not likely to prove satisfactory. The occupant is to be resident surgical and medical registrar, pathologist, and, we have heard, a kind of general assistant in the out-patient department. The original proposition advanced by Mr. Pemberton was that there should be two registrars, and if they had also been pathologists the work might possibly have been satisfactorily got through; but the appointment of an honorary pathologist in addition would have secured the use of the vast field afforded by the General Hospital, with some probability of use to science. As matters are it is more than likely that further additions to the staff will soon be required.

Birmingham, Nov. 28th, 1870.

EDINBURGH.

AT the meeting of the Town Council held yesterday, Lord Giffard and Mr. William Chambers, late Lord Provost, were elected curators of the University. The Town Council have acted in this election to their credit, and for the benefit of the University. Although other names were mentioned before the election, there can be little if any dissatisfaction with those chosen, so far as capability to discharge the office of curator is concerned; and although Mr. Chambers held previously a position in the Town Council, he is now free from it, and may therefore be regarded as an independent curator, as Lord Giffard undoubtedly is. In future elections to professional claims we may, with some reason, now hope that the merits of the candidates will be the determining principle, that catholicity of views will prevail, and personal influence be disregarded.

At the meeting of the Royal Medical Society on Friday last, the 25th ult., the following gentlemen were elected presidents for the session 1870–71: Edwin Hincheliff, M.D., Alexander Macdougall, M.B., C.M., James Muir Howie, and William Livesay.

On Monday last the public dinners for destitute children were recommenced. These have now received the stamp of general approval, as a form of charity which, when conducted as at present, is almost unobjectionable. Each child has a card given it on its first visit, on which, when it returns, its name and address are to be written. The circumstances of the case will then be inquired into, and if found a suitable case a dinner will be given whilst required. The committee of management have resolved to continue the dinners until the Legislature makes some provision for these poor children.

At the meeting of the University Court on the 28th ult., the Principal stated that the number of matriculated students was 1732, including females. This is stated by the *Courant* to be greater than in any year since 1832.

Nov. 28th, 1870.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 24th:—

Atkinson, Walter Mark, Cheshunt, Herts.
Grey, Clement Frederick, Newmarket.
Pugh, Edgar Joseph, Waltham Abbey.
Simon, Arthur Charles, St. Helier's, Jersey.

The following gentlemen also on the same day passed their first professional examination:—

Alfred Baldock, St. Bartholomew's Hospital; Alfred Bethell, King's College; Henry Oldfield Pilkington, Manchester; George James Sealy, Guy's Hospital.

ARTS EXAMINATION.—The preliminary examination in general knowledge for the diplomas of Member or Fellow of the Royal College of Surgeons of England, will be held at the Whittington Club, Arundel-street, Strand, on the 20th, 21st, and 22nd instant.

THE ROYAL SOCIETY.—At the annual meeting of the Fellows of the Royal Society, on the 30th ult., the Copley medal was awarded to Dr. Joule, LL.D., of Manchester, already a recipient of the Royal medal of the same Society; the Rumford medal to M. Descloiseaux, of Paris; and the Royal medals to Professor William Hallowes Miller, M.A., LL.D., of Cambridge, and Mr. William Davidson.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The following gentlemen have been elected annual presidents for the session 1870–71:—Edward Hinchcliff, M.D., Yorkshire; Alexander Macdougall, M.B., C.M., Argyleshire; J. Muir Howie, Ayrshire; William Livesay, Isle of Wight.

MEDICAL SOCIETY, COLLEGE OF PHYSICIANS, IRELAND.—The following office bearers have been elected for the ensuing year:—President, John Banks; Council, L. Atthill, T. Fitzpatrick, Thomas Grimshaw, Samuel Gordon, Thomas Hayden, Alfred Hudson, George Johnston, Henry Kennedy, Robert Law, J. Little, Alfred M'Clintock, W. Moore; Hon. Sec., H. Eames.

DUBLIN OBSTETRICAL SOCIETY.—At a meeting of this Society on the 26th ult, Dr. George H. Kidd was elected President, and the following officers were elected for the ensuing year:—Vice-Presidents, Drs. J. Byrne and Henry Kennedy; Treasurer, Dr. Halahan; Secretary, Dr. Atthill; Committee, Drs. T. E. Beatty, F. Churchill, J. Denham, A. H. M'Clintock, and W. Roe.

THE SANITARY STATE OF METZ.—The chief surgeon of the 7th Army Corps, Dr. Werlitz, has, by desire of the General, published a circular, in which he shows that the rumours touching the unsatisfactory state of Metz are exaggerated, and that the health of the population and garrison is as good as circumstances will allow. It has, however, been decided that the sick and wounded of Metz, when recovered, shall undergo a quarantine before they are sent to the prison depôts.

THE SICK AND WOUNDED IN BERLIN.—The Berlin hospital sheds, under the direction of the Society for the care of the Sick and Wounded, have received, from their foundation up to the present time, 591 patients, of whom 320 have been discharged. On the 26th of November the hospitals contained 259 Prussians, 1 Bavarian, and 11 Frenchmen. In the general hospitals of Berlin, Charlottenburg, and Lichterfelde, no less than 3800 sick and wounded are now under treatment.

THE CONTAGIOUS DISEASES ACT.—The Queen has been pleased to appoint the Right Hon. William Nathaniel Massey; the Right Hon. Charles Stewart; Viscount Hardinge; the Right Rev. the Lord Bishop of Carlisle; the Right Hon. Sir John Somerset Pakington, Bart., G.C.B.; the Right Hon. Jonathan Peel, lieutenant-general in the army; the Right Hon. William Francis Cowper Temple; Sir John Salusbury Trelawny, Bart.; Sir Walter Charles James, Bart.; Richard Collinson, Esq., C.B., vice-admiral in the navy; Charles Buxton, Esq.; Myles William O'Reilly, Esq.; Peter Rylands, Esq.; Anthony John Mundella, Esq.; Thomas Henry Huxley, Esq., LL.D., President of the Geological Society, Professor of Natural History in the Royal School of Mines; Robert Gregory, clerk, M.A., Canon of the Cathedral Church of St. Paul, London; John Frederick Denison Maurice, clerk, M.A., Professor of Moral Philosophy in the University of Cambridge; John Hannah, clerk, D.C.L.; Samuel Wilks, Esq., M.D.; John Henry Bridges, Esq., M.D.; George Edward Paget, Esq., M.D.; Timothy Holmes, Esq., F.R.C.S.; Holmes Coote, Esq., F.R.C.S.; George Campbell, Esq.; George Woodyatt Hastings, Esq.; and Mr. Robert Applegarth; to be her Majesty's Commissioners to inquire into and report upon the administration and operation of the Contagious Diseases Acts (1866 to 1869), with power to suggest whether the same should be amended, maintained, extended, or repealed. We understand that J. Armstrong, Esq., of Lincoln's-inn, has been appointed Secretary to the Commission.

Medical Appointments.

ADAM, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Asylum for Imbeciles, Caterham.

BLACKETT, G. P., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Whickham District of the Gateshead Union, Durham, vice J. H. Stevenson, M.R.C.S.E., deceased.

BLENNERHASSETT, E., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Valencia Dispensary District of the Caherciveen Union, Co. Kerry, vice Thos. H. Bentley, M.R.C.S.E., resigned.

CARTER, W., M.B., B.Sc., LL.B., F.R.C.S.I., has been appointed a Physician to the Liverpool Southern Hospital.

CASS, E. E., M.R.C.S., has been appointed Visiting Surgeon to the East Dispensary, Liverpool.

CATON, R., M.D., has been appointed Lecturer on Comparative Anatomy and Zoology at the Liverpool Royal Infirmary School of Medicine.

CAYLEY, W., M.D., M.R.C.P.L., has been elected an Assistant-Physician to the Middlesex Hospital, vice E. H. Greenhow, M.D., appointed a Physician.

CHUTE, H. M., L.R.C.P.Ed., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Bristol Royal Infirmary, vice R. S. Smith, M.D., M.R.C.S.E., resigned.

DE ZOUCHE, J., M.D., has been appointed Curator of the Museum of the Liverpool Royal Infirmary School of Medicine.

DUNKLEY, Mr. W. W., of the Liverpool Royal Infirmary, has been appointed Assistant to the House-Surgeon at the Stockport Infirmary, vice Mr. T. W. Parker, resigned.

GRAVES, F. G., M.D., M.R.C.S.E., has been appointed Medical Officer for the Eastern District of Paddington, vice R. Harper, M.R.C.S.E., deceased.

HARVEY, H., L.R.C.S.Ed., has been appointed House-Surgeon to the Hospital, Darlington, vice H. R. Wright, M.B., resigned.

HELSDON, F. A., M.R.C.S.E., has been appointed Medical Officer of the North Walsham District of the Erpingham Union, Norfolk, vice E. Prentice, M.R.C.S.E., deceased.

LAWRENCE, H. C., L.R.C.P.L., M.R.C.S.E., L.M., has been elected a Surgeon to the Westbourne Provident Dispensary and Maternity.

M'DONNELL, M. A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Frenchpark Dispensary District of the Castlerea Union, Co. Roscommon, vice Maguire, resigned.

ROBERTS, Mr., of Much Wenlock, has been appointed a Surgeon to the Ironbridge Dispensary, vice H. C. Chune, M.R.C.S.E., deceased.

SHAW, O. S., M.R.C.S., has been appointed Visiting Surgeon to the East Dispensary, Liverpool.

SHRIMING, R., M.D., L.R.C.S.E., has been appointed Medical Officer for the Moulsey District of the Kingston Union, Surrey, vice J. T. Rowland, M.D., M.R.C.S.E., resigned.

SOAME, C. B. H., M.R.C.S.E., has been appointed a Surgeon to the Ironbridge Dispensary, vice G. Davis, M.R.C.S.E., deceased.

TOPHAM, J., M.D., M.R.C.P.L., has been appointed Honorary Physician to Torbay Infirmary, Torquay.

TOWNSEND, Dr., has been elected Medical Officer for the Miltown-Malbay Dispensary District of the Ennistymon Union, Co. Clare, vice Coleman, deceased.

Births, Marriages, and Deaths.

BIRTHS.

BENNETT.—On the 24th ult., the wife of E. Bennett, M.R.C.S., &c., of Worksop, of a son.

BURNS.—On the 25th ult., the wife of Wm. M'Gregor Burns, L.R.C.P.Ed., M.R.C.S.E., of a son.

CLARKE.—On the 23rd ult., at Woolston, near Netley, the wife of Alfred Clarke, Assistant-Surgeon Royal Artillery, of a son.

FOWLER.—On the 29th ult., at Cirencester, the wife of O. H. Fowler, M.R.C.S.E., of a son.

ROBERTS.—On the 21st ult., at Plas Eryr, Carnarvon, the wife of G. W. Roberts, M.R.C.S., of a daughter.

MARRIAGES.

BURKE—O'BRIEN.—On the 21st ult., at the Catholic Church, Rathmines, Dublin, Joseph Burke, Esq., Deputy Inspector-General of Hospitals, second son of the late John Joseph Burke, M.D., of Rutland-square, Dublin, to Susan Fraser, youngest daughter of the late Chas. R. Fraser Frizelle, Esq., of Stapolin, County Dublin, widow of the late Thomas O'Brien, M.D., Bengal Medical Service.—No Cards.

EDMONDS—GARNHAM.—On the 26th ult., at St. George's Church, Camberwell, Charles George Edmonds, L.R.C.P.L., M.R.C.S.E., of Southampton-street, Camberwell, to Eliza, eldest daughter of the late John Garnham, of Peckham-grove, S.E.—No Cards.

DEATHS.

ADAMS.—On the 23rd ult., at Chatham, of apoplexy, Wm. P. Adams, one of the House-Surgeons of the Medway Union, late Assistant House-Surgeon at St. Bartholomew's Hospital, Chatham, House-Surgeon of the West London Hospital and Charing-cross Hospital, of which last he was a pupil, aged 24.

CHAMBERS.—On the 28th ult., F. Evans Chambers, M.R.C.S.E., of Upper Gloucester-place, aged 36.

HANKINS.—On the 17th ult., Thomas Hankins, M.R.C.S.E., of Clapham, aged 50.

LANG.—On the 26th ult., Wm. Lang, M.R.C.S.E., of South-parade, Clifton, Bristol, aged 61.

STEWART.—On the 26th ult., Hugh Grainger Stewart, M.D., L.R.C.S.Ed., Medical Superintendent of the Borough Lunatic Asylum, Newcastle-on-Tyne, aged 35.

Medical Diary of the Week.

Monday, Dec. 5.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Casual Communications. — 8½ P.M. Dr. John Brunton, "On Prolapse of the Funis Umbilicalis, and its Treatment by the Postural Method."

Tuesday, Dec. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON. — 8 P.M. Mr. Lewis. "On Races inhabiting the British Isles"; "On Archaic Structures of Cornwall and Devon." — Dr. Sinclair Holden, "On Forms of Ancient Interment in Antrim."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Liebreich: Ophthalmic Illustrations of Diseases of the Eye. Mr. Foster (for Mr. Thompson, of Nottingham): Tumour removed from the Breast. Mr. H. Arnott: Secondary Epitheliona of the Heart and Lungs. Dr. Dickinson: Cystic Sarcoma of Lumbar Glands. Mr. Trotter: Malignant Disease of the Kidneys. Mr. C. Heath: Fibrous Tumour from the Axilla; Procidentia Uteri, with Ovarian Cyst; Lipoma of the Nose. Mr. Squire: Enlarged Spleen. Dr. Tilbury Fox: Keloid Tumours from the Ear.

Wednesday, Dec. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Council Meeting.—8 P.M. Mr. J. T. Mitchell, "On a Case of Hydrocephalic Head, necessitating Craniotomy."—Mr. Cullingworth (Manchester), "On a Case of Pelvic Cellulitis, noted with special reference to the Temperature." — Dr. Wiltshire: "Fibro-Enchondromatous Tumour, complicating Pregnancy; Safe Delivery."—Concluding Report of the Infant Mortality Committee. And other papers.

Thursday, Dec. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Dec. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Sir Henry Thompson: "Operations for the Restoration of a Large Portion of the Male Urethra lost by Sloughing." — Mr. T. Smith, "On the Nature of the so-called Congenital Tumour of the Sterno-Mastoid."—Dr. Handfield Jones, "A Query as to the Safety of Subcutaneous Injections."—Report upon Mr. T. Smith's Case of "Ulcer following Vaccination."—Dr. Silver, "On the Use of Veratrum Viride in Acute Rheumatism."—Mr. Teevan: "Four Cases of Operation for unusually Large Calculi."

Saturday, Dec. 10.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE LANCET BILL.

R. H. H.—We shall get no Bill at all if we do not keep in view in our proposals the simple object aimed at: the *better testing of the general and professional knowledge of candidates for a license to practise.* Details such as our correspondent suggests would not be entertained by the Legislature. They refer to questions to be settled by the individual, or by the Colleges or University to which he is affiliated. The Bill will not operate retrospectively, nor affect the title to registration, nor any other right possessed by any person now having a medical qualification; but it will make it easy for men with a single diploma to complete their qualification—a most desirable object.

CLARK'S WATER-SOFTENING PROCESS AT CANTERBURY.

PROFESSOR FRANKLAND has recently paid a visit to the Canterbury Water Works to witness and test the application of Clark's softening process, which is there easily and successfully carried out by Mr. Homersham, C.E. The water is pumped from a deep well sunk in the chalk, and the effect of the process is to reduce the hardness from 26·3 to 4·9 parts in 100,000; while repeated chemical analyses fail to detect the slightest trace of organic matter in the softened water. Dr. Frankland speaks with admiration of the "magnificent blue tint" of the water in the Canterbury reservoirs; and it is important to note that, after having remarked of this water, "I know of no better water than this in the United Kingdom," Dr. Frankland goes on to say that "the chalk, oolite, and greensand around the metropolis contain abundance of water which is of unsurpassed purity after being submitted to this (Clark's) simple process." Do not this testimony of Dr. Frankland to the excellence of the Canterbury water-supply, derived as it is from the chalk in the immediate neighbourhood of the city, and his reference to the abundance of pure water lying beneath the metropolis, indicate that a solution of the difficulties which have hitherto barred the way to an improved water-supply for London lies nearer at hand than is commonly supposed?

Dr. Dickson.—The address is, Mr. Weir, 62, Gresham House, E.C.

ETHICS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—I beg to recall Mr. Bryant's attention to my letter in your Journal of the 19th instant. I cannot see what "the opinion of his friends who are well aware that his practice is so extensive" has to do with the matter in question. I made certain positive and definite charges, and these Mr. B. meets with a mere vague and *general* denial. As to "the necessity for his replying at greater length," I am quite willing to leave it to your decision and that of the profession at large. When I called on Mr. B., he stated that he had drawn off between a pint and a pint and a half of urine. Of course, as I was not present, I am unable to make any comment thereon, save that there were no symptoms of retention in the morning; and that had such a necessity arisen subsequently to my visit, Mr. B. must distort my words very much before he can obtain from them a permission on my part for him to give the necessary relief. Following up this statement, Mr. B. remarked, appealing to the patient's friends, "*and the coma was relieved, and the patient spoke.*" No wonder, with such an explanation from one in whose words they were disposed to place confidence, that "the friends who were present were much impressed with the visibly favourable effect of the operation"! Does Mr. B. consider "impressions" made in this manner legitimate? Does he consider it justifiable to make to the friends of a patient a statement which may appear plausible to them, unacquainted as they are with pathology, but which to medical men is nothing but meaningless assertion?

The only charge Mr. B. has attempted to answer categorically is with reference to the condition of the patient's heart. When I taxed Mr. B. on the 11th instant with having stated that Captain —— was not suffering from heart disease, he first hesitated, and then said that the heart was "only flabby." As to what he had stated to the friends on the evening of the 1st, the remark made by one of them to me the next day, that "he would take care to have a post-mortem examination to see which doctor was right," seems to me to leave no room for doubt. I may add that the "flabbiness" which Mr. B. discovered had shown itself during the whole of the patient's illness by the following symptoms:—A distinct valvular bruit, an irregular and intermittent action, becoming tumultuous before the 1st instant, and an irregular and intermittent pulse of 130.

With reference to the latter part of Mr. B.'s letter, I beg to contradict it emphatically, and to state that I should be the very first to condemn any such conduct as Mr. B. chooses to impute to me. I certainly will give Mr. B. and his friends credit for endeavouring to provoke me into losing my temper, as they met a great number of my statements with no other reply than accusations, in the most blustering tones, of giving them the lie direct. It was such conduct that made me unwilling to remain any longer, as I found I had no chance of any satisfactory explanation. On leaving, I merely stated that "I should refer the matter to THE LANCET."

I am, Sir, your obedient servant,
Euston-square, Nov. 29th, 1870. W. S. RIDING, M.D.

Mr. W. B. Collier.—It is contrary to our custom to insert the letters of patients. Any explanation of matters of dispute between one medical man and another must come from the gentlemen immediately concerned.

An Inhabitant of Woolwich.—The communication shall receive immediate attention.

SMALL-POX IN MILE-END.

To the Editor of THE LANCET.

SIR,—The following is a literal extract from my report as read to the vestry:—"The disease is now very prevalent in the centre ward of the hamlet; Henry-street, Alfred-street, and Westover-street have most cases, the first-mentioned street having, under the care of the union medical officer alone, 11 cases.....In this ward Dr. A. Cæsar has had during the past month upwards of 40 new cases of small-pox under his care."

It will be seen that the 40 cases were "out-door," and not "within" the workhouse.

The following is from the *East London Observer*, from which your extract was taken:—"In the workhouse Dr. A. Cæsar had had during the past month 40 new cases of small-pox under his care." The words "centre ward" used in my report might easily be interpreted by a reporter to mean a workhouse ward; hence the error of the *East London Observer*, from which the extract in THE LANCET was taken.

I should have corrected the error at once; but Mr. Southwell, the clerk to the guardians, having told me of his intention to do so, I explained clearly to him that the mistake was not mine, but was probably one of a typographical nature, or a clerical error. In this sense alone should it have been corrected, instead of being done in such a way as to ensure its being inferentially attributed to my strictly correct report.

Yours very obediently,
Vestry Hall, Mile-end-road, Nov. 25rd, 1870. M. CORNER.

INJURY TO THE SPINE.

AT a meeting of the Pathological Society of Dublin, held on the 26th ult., a peculiar case of injury to the spinal cord was detailed by Dr. M'Donnell. It was that of a man who from a fall off a cart was paralysed in both upper and lower extremities, sensation and motion being both lost. No signs of fracture could be detected during life. The urine had to be removed by the catheter. He died two months after the accident. Temperature usually about 98°, never higher than 99°; pulse 50. Sensation in one arm returned somewhat, and he had priapism for a day or two. On examination after death, there was not found any pressure on the cord, no blood-clots, nor fracture, but anchylosis had arisen between the oblique processes and the bodies of the fourth and fifth cervical vertebræ. Higher up than the injury to the vertebræ, the posterior columns of the cord and the whole of the grey substance were completely divided. There are some points of interest in this case. The return of sensation in one of the arms, although the posterior columns of the cord were divided, is peculiar, and agrees with the physiological opinions propounded by Dr. Brown-Séquard; also the length of time the man lived after such an injury. It may likewise be noted that the temperature was not higher than natural, being an exception to what is usually stated as occurring in injuries of this sort.

THE request of *Mr. Chas. Williams* (Norwich) shall be attended to.

SNAKE-BITES IN INDIA.

To the Editor of THE LANCET.

SIR,—I observe in your issue of September 24th, 1870, under the head "Medical Annotations," a brief notice of snake-poisoning in India. You will, no doubt, be surprised to learn that in the year 1866, 1809, and in 1867, 1810 deaths resulted from snake-bite in this Presidency. I have applied for, but have not as yet received, the number of deaths that occurred since in 1868 and 1869; but in the *Madras Standard* newspaper, dated Wednesday, October 19th, in the district of Tanjore alone, during the month of August last, 41 deaths from snake-bite are reported. These instances will show the large number of lives that are annually sacrificed by snake-bite. Owing to the energy and rapidity of the action of the cobra poison in extinguishing life, these cases rarely afford opportunities for testing an antidote in the human subject. You have already shown how plentiful poisonous snakes are in Southern India, as 117 cobras and 35 chain vipers have been destroyed for 40 R. 2 a., about £4 sterling. I had hoped to be able to get up a fund for the destruction of poisonous snakes, considering extermination the best remedy; but various circumstances have interfered and kept me from appealing to the public for subscriptions for the purpose, but I have not lost sight of the subject. Subscriptions will be thankfully received, and be duly accounted for. In the meantime I am still working in search of and testing reputed antidotes, which come in rapidly, backed by no end of assurances as to their virtue as such; but I fear it may be like the philosopher's stone—always within reach, but never to be attained. There are lots of large-hearted, benevolent people who frequently do not know how to dispose of their money. Here is an opportunity for doing good by the saving of numerous human lives annually destroyed by the cobra poison. I am sure THE LANCET would be glad to receive and acknowledge subscriptions for the extermination of poisonous snakes in India. Yours faithfully,

Madras, October 24th, 1870. JOHN SHORTT.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your kindly publishing the enclosed case of Snake-bite, which occurred in the camp a few nights since, and which I regret to say has proved fatal.

A native butler was bitten on the index-finger of the left hand by a cobra di capello on the evening of September 21st. He was in the act of going to bed at the time, when he noticed the snake emerging from a rat-hole in the corner of his room, and which rat-hole, no doubt, communicated externally with some prickly pear hedge so common in this country, and in which they mostly conceal themselves. Immediately on seeing the snake he informed his master, who at once repaired to the room, and fired at the cobra with a rifle, hitting him in the neck, but unfortunately missing the spinal cord. The butler being partially intoxicated at the time, and seeing the snake about to make his escape, seized him by the tail; the snake turned sharply round, and bit him close to the metacarpo-phalangeal joint of the index-finger. He was removed immediately to the hospital of the 83rd Régiment, where he received every attention. He expressed himself as quite happy, and said that it was his fate, and that if he was to die, all that the doctors could do would avail but little. He felt no pain whatsoever, and showed none of the usual symptoms of snake-bite, save and except a little drowsiness, which may partly be attributed to the brandy he had imbibed. He was bitten at about 11.30 P.M., and remained in the same state till about 4 A.M. on the following morning, when he suddenly expired.

I may mention here that the services of all the snake-charmers in the place were engaged, and tried their best to restore him to life, but with no success. Shortly after death the hand and arm swelled considerably.

The treatment adopted was as follows:—Placing a tourniquet on the arm and wrist almost immediately after the bite; freely lancing the finger; applying ammonia and ipecacuanha; giving ammonia and brandy internally; sucking the wound; bathing it in hot water, and keeping him awake.

This differs from most other cases of snake-bite in the following points:—1st. There being no external symptoms during life. 2ndly. His complaining of no pain or uneasiness whatever. 3rdly. His living so long after having been bitten, and dying so suddenly when he was to all appearance likely to survive. For these reasons I consider the case will be read with interest by many of the profession. Sincerely yours,

F. G. ADYR-CURRAN, M.B.,

Poona Camp, East Indies, Oct. 1st, 1870. Assist.-Surg., 83rd Regt.

Mr. John R. Luson.—We do not forward private answers. We could not undertake to recommend anyone. But our correspondent can have no difficulty in the matter. Let him institute inquiries at University or King's College, or of some of the scientific publishers.

M. C.—Rev. A. D'Orsey, 13, Princes-square, W.

HEALTH OF BRIGHTON.

IN a report to the Town Council on the mortality of Brighton during the three months ended last September, Mr. N. A. Humphreys states that the health of the town may be considered to have been satisfactory, with the exception of an excessive waste of infant life from diarrhœa, and the increase of deaths from small-pox. Inferring that both these causes are to a great extent due to the neglect and ignorance of parents, Mr. Humphreys urges that the almost universal system of parochial visiting should be turned to greater account for the purpose of impressing upon the poor the vital importance of cleanliness in person and food, of ventilation, and of vaccination. Unfortunately it is not alone among the very poor, but also in the class just above the poor, and rather out of the way of district visitors, that the need of enlightenment upon sanitary matters exists. How to bring persuasion to bear upon this class is the difficulty.

Dr. Fussell, (Brighton.)—We will endeavour to meet our correspondent's wishes.

CARBOLIC ACID IN OTORRHŒA.

To the Editor of THE LANCET.

SIR,—The following cases, as examples of the almost uniform good result attending the use of carbolic acid as an injection in chronic otorrhœa, may not be uninteresting to the profession. I have taken them at hazard from some hundreds which I have treated in a similar manner at the Royal Dispensary for Diseases of the Ear. In the few instances in which its application failed to entirely cure, it not only lessened the secretion considerably, but deprived it of the disgusting fetor by which it is usually characterised—a boon of no small moment both to the sufferer and the surrounding friends. The proportions in which I have prescribed it, are: carbolic acid, one drachm; glycerine, one ounce; distilled water, five ounces. I have never found it create the slightest irritation, and the only complaint I have heard was when a too vigorous application of the syringe forced the fluid through a perforated membrane into the mouth.

CASE 1.—Wm. W—— fell from a ladder four years ago. Had suffered from profuse, highly offensive discharge from his right ear ever since. On Nov. 13th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, completely cured, on Nov. 26th.

CASE 2.—Mary Ann W—— has suffered from highly offensive discharge from right ear for three years, after scarlatina. On Nov. 12th was ordered to syringe with carbolic-acid lotion. Discharged, well, on Nov. 26th.

CASE 3.—John W. W——. Discharge from right ear for twelve years; attributes it to a severe cold. On June 17th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on July 1st.

CASE 4.—Henry B——, aged three years. Discharge from both ears for twelve months, after whooping-cough. On Oct. 28th was ordered to syringe thrice daily with carbolic-acid lotion. Discharged, well, on Nov. 18th.

CASE 5.—Jane W——. Discharge from left ear for ten years, after scarlatina, highly offensive. On July 6th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on Nov. 25th.

CASE 6th.—Mary S——. Discharge from left ear for fifteen years, after scarlatina. Complains much of its offensive character. On June 8th was ordered to syringe with carbolic-acid lotion four times daily. Discharged, well, on Nov. 18th. Your obedient servant,

JOHN P. PENNEFATHER.

Gloucester-place, Hyde-park, Nov. 28th, 1870.

Mr. James Seymour.—It is very discreditable that cards of the kind enclosed by our correspondent should be thrust upon people, or dropped down the areas of private houses. But what is to be done?

Subscriber, (Oxon.)—As we have no personal knowledge of our correspondent, we regret our inability to comply with his request.

Dr. Morehead, (Edinburgh.)—Too late for this week.

FOOTBALL.

To the Editor of THE LANCET.

SIR,—As medical officer to Rugby School, and necessarily consulted in all cases of injury among the boys, I think I am in a position to request some contradiction of "A Surgeon's" authoritative statement in *The Times* of the 23rd inst. He enumerates six serious accidents as the result of football hacking here; and although his second letter most effectually demolishes his first, I should like to draw the attention of your readers to one or two plain matters of fact.

1st. No fracture of the collar-bone has occurred this year.

2nd. The "severe injury in the groin" damaged no important structure, and has been followed by no evil results.

3rd. The "severe injury to the ankle" was an ordinary sprain, in which no suspicion of fractured fibula crossed my mind.

4th. The "severe injury to the knee" was a strain, with resulting effusion, and was caused by a boy trying to stop himself while running at full speed.

5th. The two others sent home on crutches also sprained their knees—one from a slip in the street; the other from a twist while playing a very mild form of football, in which hacking is unknown.

We, therefore, find that the case has entirely broken down, and my professional brother must surely regret not having based his assertions on better evidence than his own crude notions and the vague impressions of the Rugby station master. The cause of truth and progress can never be advanced by such unscientific methods of research, and I am glad that the transference of the discussion to your columns will strip it of all sensational bearings.

In penning these few lines, I have done so in no captious spirit, nor with any blind reverence for the traditions of the past. I have only desired to prove that, whatever the dangers of football may be, hacking is no longer the foremost; for it is steadily discouraged, and less practised with each succeeding year. The special injuries of the tibia naturally resulting from such custom very rarely come under my observation, and the chapter of accidents this season has been unusually light.

I am, Sir, your obedient servant,

R. FARQUHARSON, M.D.,

Rugby, Nov. 28th, 1870. Medical Officer to Rugby School.

A DOCTOR'S STORY OF THE WAR.

DR. J. MARION SIMS, it appears, has been "interviewed" by a reporter of the *New York Times*. Dr. Marion Sims, it will be remembered, was the Surgeon-in-Chief of the "Anglo-American Ambulance Corps," and enjoyed peculiar opportunities for observing the effects of gunshot and other wounds at the fighting that took place at Sedan. We have nothing to do, of course, with the military or political aspects of Dr. Sims's narrative. But there is one point to which we must advert; *for*, supposing there be no mistake in his statements, we would fain hope and believe that what he describes is unprecedented, and likely to remain so:—

"I do not know what would have become of the sick and wounded at Sedan were it not for these volunteer ambulances. Almost the whole of the French sick and wounded there were attended by volunteer ambulances. As to French army surgeons, I state a fact, and you can mention it if you think fit. There were forty or fifty army surgeons at Sedan after the surrender, and Dr. M'Cormack, Dr. Pratt, and others told me those surgeons were walking about the streets with their hands in their pockets and cigars in their mouths, and did not a single thing for their own sick. They did not even go down to the places where the 80,000 prisoners were starving and in sickness."

Constant Subscriber (Alfreton) can recover in the first two cases mentioned and in the last if employed by the master to attend.

PLURALITY OF ROUND WORMS (ASCARIS LUMBRICOIDES) IN AN ADULT.

To the Editor of THE LANCET.

SIR,—The following case appears sufficiently interesting to deserve a place in your columns.

Jane C——, a girl aged nineteen, formerly a domestic servant, and now employed in a percussion-cap manufactory, applied to me three or four months ago, having passed a round worm. She was rather pale, but otherwise in good health. Last month I was sent for to see her, and found she had vomited fifteen large round worms and a dozen percussion-caps. On inquiry, I found that she had lately obtained work in a percussion-cap factory, and that, seeing the other girls put caps into their mouths, she had done the same, and had accidentally swallowed a great many. At the time I saw her she was in a very distressed condition, continually retching, and suffering much from colic. I ordered her some ice and effervescing mixture, and afterwards gave her castor oil freely. In the evening she had five grains of santonine, but rejected it. The dose was repeated on the three succeeding nights. During the next three days she passed more than a hundred large round worms, and a number of copper percussion-caps charged with the usual powder.

I found that when in service four months ago she had resided at Forest Hill, and had been in the habit of drinking large quantities of water from a public pump near her master's house. I could make out no other way in which she could have become the host of these worms, although I questioned her carefully on the subject, and I came to the conclusion that she had derived them from this spring, which may, perhaps, be in too near proximity to bad drains or cesspools. (The authorities would do well to look to the Forest Hill pump.)

The worms were ascarides lumbricoides, and their ejection seems to have been brought about by the presence of percussion-caps in her alimentary canal. The rarity of well-authenticated cases of so many worms of this kind having been passed at once makes the case one of considerable interest.

I am, Sir, yours obediently,
B. T. LOWNE, M.R.C.S.,
Honorary Surgeon to the Farringdon Dispensary.

Guildford-street, November, 1870.

Ne cede Malis.—The liberty to go to the wrong quarters for medical advice is one of the boasted privileges of Englishmen, and we fear there is little chance of a legislative prohibition of the evil in question.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Can you give me any advice or information in my present perplexing situation?

In December, 1869, I decided upon entering the Indian medical service, and accordingly I came up to town at the commencement of the present year to read for the August examination. I wrote to the authorities at the India Office to know if the usual examination would take place in the summer, and the reply I received was that "no information could be given on the subject." I went on with my reading, and again, after a lapse of some weeks, wrote to make inquiries, with the same result—viz., "no information could be given on the subject." At last one day in the middle of June an advertisement caught my eye in a daily paper, that there would be "no examination for the Indian medical service that summer." I left town, minus the expenses of a six months' residence, and not much further on in my purpose of getting a commission in the Indian army.

I again arrived in London at the commencement of October to read afresh for the February examination in 1871, and, as before, I applied to the India Office to know whether it would take place. Imagine my disgust when I got the same answer as before, "no information can be given on the subject." I am now in the greatest state of uncertainty as to what course to pursue. Am I to stay in town, and have all the expense of a six months' residence there, and then be told that there will be no examination? or am I to understand that "no information" means "no examination," and that in February there will be no competition for the Indian medical service? Will you give me and other intending candidates the benefit of your advice on the subject? If the authorities would only say that there will be no examination, I should be satisfied; but this they will not do, though I cannot see the object of keeping people in suspense, and causing them such an amount of unnecessary trouble, anxiety, and expense, when a word would save it all.

I remain, Sir, yours obediently,
London, November, 1870. EXPECTANS.

*** The Indian Government has announced its determination not to hold an examination for the Indian medical service in February. We announced this fact last week; but we are unable to say when the next examination will be held.—ED. L.

FEMALE MEDICAL STUDENTS.

A Mother's letter is an admirable specimen of what is called feminine logic, and a specimen also, alas, not admirable, of the feminine tendency to use hard words, and to fancy them arguments. Her composition leads us to doubt whether she be indeed qualified to discourse upon any kind of education, medical or other; and her assumption that female medical students are what she calls them would be ludicrous if it were not so melancholy. It does not need refutation, and scarcely calls for comment. But "A Mother" ought to know that the claim of women to be treated tenderly and respectfully by men depends, not upon conduct, but upon sex. If it were otherwise, every man would be at liberty to be rude to every woman of whose conduct he either rightly or wrongly disapproved. Whatever the regiment of Amazons might *expect*, they would *receive* courtesy from gentlemen. As regards the particular question at issue, the danger is simply that mixed classes, when once the novelty of the arrangement had passed away, and if any but women of very exceptional mental qualities resorted to them, would bring young people of opposite sexes into relations of a perilous kind, sure to lead to a certain proportion of evil.

DRUGGISTS' CHARGES.

To the Editor of THE LANCET.

SIR,—The enclosed paragraph (which originally appeared as part of a letter in your journal of the 19th instant, and has since been copied into several daily papers) reflects injuriously upon a large class; and even upon the assumption that the statements it puts forward are correct, there would be injustice in supposing this isolated case was illustrative of the general practice of druggists. This, however, is the inference which the paragraph in question is calculated to convey. Several members of the trade have written to me, expressing their opinion that such a general imputation of systematic overcharge is unfounded. I not only agree with them in believing this to be the case, but I am also disposed to think that there must be some misunderstanding in regard to the facts of the particular case communicated anonymously to THE LANCET. However that may be, I would suggest that it is desirable these facts should be more fully made known and authenticated. Such a course would, I venture to think, be conducive to the interests, not only of the public and the medical profession, but also to those of druggists generally.

I have the honour to be, Sir, your obedient servant,
THE EDITOR OF THE PHARMACEUTICAL JOURNAL.

Pharmaceutical Society of Great Britain, Nov. 30th, 1870.

*** We would courteously request the Editor of the *Pharmaceutical Journal* again to refer to THE LANCET of the 19th November, where he will find that our correspondent makes no attack whatever upon druggists as a class, but merely relates a fact regarding the conduct of an individual.—ED. L.

THE RAILWAY ACCIDENT AT HARROW.

Dr. John Charles Bucknill (Rugby), who was a passenger in the train, desires to impress upon medical men and officials who may hereafter be called upon to relieve suffering caused by these catastrophes, that man cannot live upon brandy alone, and that a few gallons of soup will go a great way to save life and to relieve misery.

Beta.—We do not forward private answers. Consult any respectable surgeon.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Concerning Dr. Davies's letter in your issue of October 29th, I have but little to say. I sent a copy of his epistle to the patient, and requested him to reply to it; so I shall content myself with merely stating the facts of the case from a surgical point of view.

After repeated applications from the patient and many of his friends and co-workmen, I *did* visit him, and made a superficial examination of the leg. I found he had an oblique fracture of the tibia. The limb was bandaged, and then placed between two side splints, and resting on a pillow which *did not* extend to the heel; consequently the weight of the foot caused depression of the lower end of the tibia, and tilting upwards of the broken ends, so that the fractured end of the upper portion of the bone projected, and caused excessive pain from pressure of the skin between it and the splint. I then told the sufferer that if he sent for Dr. Davies, he (Dr. Davies) would see how things were, and would remedy it. The doctor was sent for; but, instead of readjusting the leg, he inserted portions of hemp or tow between the fractured ends and the splint, which, instead of easing, increased the pain. The following night I was sent for again, when I took off Dr. Davies's splints, and reset the limb in my own splints, and was careful in securing equal pressure over the whole surface; and, to prevent hanging of the foot, I placed it in a Salter's cradle. In a short time the man slept, and has been comfortable ever since. He now visits my surgery, with his leg still in a starched bandage.—Yours obediently,

W. H. THOMAS, L.R.C.P., M.R.C.S.,
Surgeon to the Tywith, Garth, and Oakwood Collieries.

Maesteg, November 24th, 1870.

A Subscriber will find it easiest to get at any good oilman's half a pint of red paint made of oil, red-lead, and dryers, to which an equal quantity of best turpentine varnish should be added immediately before injecting. A cheaper and more easily managed injection is a thin mixture of plaster-of-Paris, coloured with cochineal or carmine, to which a little size is added.

ANIMAL VACCINATION.

To the Editor of THE LANCET.

SIR,—Will you kindly permit me to inquire, through the medium of your valuable journal, who are the gentlemen, if any, now practising animal vaccination in England, as a friend of mine is most anxious to have his child vaccinated with lymph from the calf? Yours, &c.,

November 1870. PUBLIC VACCINATOR

"TEXT-BOOKS OF SCIENCE."

We have been requested to state, in reference to our review of the above manuals, published by Messrs. Longmans, in THE LANCET of the 26th ultimo, that in "Goodeve's Mechanism" the differential calculus is applied to show results in the notes to the Introduction only, and in two or three other places—results which no student or learner is required to work out. In the text of the treatise (the body of the work) algebraical formulæ have been systematically excluded as far as practicable; the sole exception, in fact, being the proposition at pp. 105—106, as stated in the context.

Medicus.—It is not right for a medical man to have an unqualified assistant as a *locum tenens*. Our correspondent says that he has been called to very unpleasant cases arising out of this arrangement. We can readily understand this. The arrangement is a most objectionable one.

ON CARBOLIC ACID AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—Referring to your remarks on this subject in your issue of Nov. 26th, you will find in a note of mine "On the Use of Carbolic Acid in Compound Fractures, Burns, and Gunshot Wounds," published in THE LANCET for 1869, vol. i., page 89, that its anæsthetic properties are recognised, although I confess I did not anticipate that a painless surgical operation would ever be performed under its use. In that letter I spoke of a liniment of one part of carbolic acid to five of linseed oil as possessing healing, antiseptic, antipurulent, and even *anæsthetic* properties in a remarkable degree. In the treatment of wounds I have been struck with the rapid and perfect relief from pain which frequently follows the dressing by carbolic acid, even considerably diluted. Professor Pirrie, in a valuable paper in THE LANCET for 1867, vol. ii., page 675, specially refers to its anæsthetic action in cases of burns. The experiments of Dr. Bill, U.S. Army, are most interesting, and will, doubtless, be further pursued and investigated. I hope, with you, that they may attract the notice of Dr. Richardson, as well as Professor Lister and other hospital surgeons who may have an opportunity of testing them, and turning their observations to some practical account.

I am, Sir, yours faithfully,
Chesterfield, Nov. 28th, 1870. JOHN ROSE, M.D.

Dr. J. E. Covey.—There is no law in England, as far as we know, applicable to the case mentioned by our correspondent. People may go to anybody they like for advice, chemists and chemists' sisters included. They are punished, of course, by being often wrongly treated. Our Bill, like that of the Government, would attach heavy penalties to all practice of medicine for gain by those unlicensed.

O Tempora! O Mores!—Our correspondent's complaint is not unreasonable; but it has already found statement in our columns. It is a case for local treatment.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The *Army and Navy Gazette* states, on the authority of a correspondent, that the Admiralty have taken a retrogressive step regarding the allowance of *5s.* a day to staff surgeons in foreign flag-ships, which was given by the Warrant of 1866, in compromise of the claim of Deputy Inspectors-General to those ships.

No one can gauge the deep resolves of the Admiralty where its medical affairs are concerned; but it is hard to imagine that at the present moment, when medical officers are much wanted, it would be so ill-advised as to raise disgust by such treatment as this. It is right that the case on which this charge is founded should be explained fully to the profession both in and out of the service.

The clause of the Warrant of 1866 runs thus:—"A staff surgeon to be appointed to all flag-ships bearing the flag of a Commander-in-Chief on a foreign station, with an allowance of *5s.* a day in addition to his established pay." When the flying squadron under Rear Admiral Hornby proceeded on foreign service, the staff surgeon of the flag-ship was allowed to draw *5s.* a day extra pay, in accordance with the Warrant. After drawing it through fifteen months, an order was received to refund it, and the sum of £105 was deducted from his pay. The reason for this was, that their infallible Lordships had discovered they had fallen into error in considering Admiral Hornby *as a Commander-in-Chief because commanding a flying squadron*, although quite independent of every senior officer in every part of the world. On this miserable plea they stooped to save for the State the sum of *5s.* a day out of the hardly-earned pay of the principal medical officer of the squadron, and that, too, when all the other officers drawing extra pay on account of service in the flag-ship were left in possession of the same.

Believing that the case needs no comment, and will be best left with the profession in its plain features,

I am, Sir, your obliged reader,
December, 1870. JUSTITIA.

Mr. A. B. Boulland, (Hartlepool.)—Perhaps if our correspondent applied to the Director-General of the Army Medical Department, explaining exactly what he requires, he might be able to procure information on the subject. *Justitia* has omitted to enclose his card.

A MEDICO-LEGAL QUESTION.

To the Editor of THE LANCET.

SIR,—In the case of a woman dying suddenly in labour at the ninth month, would it be justifiable on the part of the doctor attending to perform Cæsarean section contrary to the express wishes of the parent? If the doctor submit to the dictum of the parent, could the latter be held legally culpable? Your obedient servant,
Lanark, Nov. 29th, 1870. ROBERT BLAIR, M.D., &c.

*** In such a case we do not think the doctor in attendance should waste time in asking the parent. The doctor's business would be to save the life of the infant by any practicable means.—ED. L.

M. D. S., (Canterbury.)—The term "typhoid" is open to the objection that it is employed to denote a condition of system common to many diseases, attended or followed by prostration of the vital powers. As applied to fevers, typhoid is used to denote that in which disease of the intestinal glands is present, otherwise variously denominated "enteric," "intestinal," or "pythogenic" fever. In typhus, on the other hand, there is no such relation to disease of the intestine. There are a great many other differences also, and it is almost universally allowed now that there is at least as much distinction between the two forms of fever as there is between any two separate diseases of the exanthematous type. The Germans, however, often speak of "abdominal typhus" to indicate typhoid fever.

INTEMPERANCE IN THE TROPICS.

THE Surgeon of H.M.S. *Basilisk*, in his Medical Report for 1868, makes the following pertinent observations on the effects of indulgence in alcoholic liquor, *apropos* of a case of fatal apoplexy:—

"Observation has forced me to conclude that the climate of China (especially of South China), having a very depressing influence, is peculiarly apt to induce in those who long reside there a habit of indulgence in alcoholic potations which is often quite foreign to the natural tendencies; and, in this respect, a residence in China is even more prejudicial to health than a sojourn either on the West Coast of Africa or in the West Indies, inasmuch as the first presents facilities to gratify the acquired tastes which do not exist in either of the latter. Few, indeed, but those possessed of a very strong will, can resist the temptation to assuage their thirst with beverages rendered grateful by the addition to them of alcohol in some form, which is generally supposed by the European residents to afford the best security against those diseases (fevers, cholera, diarrhœa, dysentery, &c.), which they attribute, not without some show of reason, to the consumption of the water of the country, saturated as it is with decomposing organic matters. Indulgence in drinking habits is particularly hurtful in China, as in other countries similarly situated, during the hot season, when thirst is most oppressive and exacting, especially to those recently arrived from more temperate regions, because at that period the necessity for generating animal heat decreases *pari passu* with the increase of atmospheric temperature; hence the alcoholic poison imbibed is more slowly eliminated in summer than in winter, and by its presence exercises a pernicious influence on the system, already oppressed and overburdened with effete matter, by retarding the retrograde metamorphosis of the tissues and the elimination of the waste material through the great emunctories of the body; thus rendering imbibers peculiarly prone to many diseases, especially those affecting the nervous, hepatic, and circulatory systems, from which the temperate frequently escape."

Mr. Harvey Robins.—Such cases of medical attendance by herbalists, followed by death and a medical certificate, are very bad. The Bill we propose would make all giving of advice for gain or money on the part of such characters heavily punishable.

"BEST FRESH BUTTER."

To the Editor of THE LANCET.

SIR,—Some years back you did a great public service in exposing "London" or "Bermondsey coffee." May I suggest to you and also to the medical profession that "London butter" is in a far worse state than ever coffee was, tons of refuse fat being every week made up into the "best fresh," which finds its way to the best tables at 2*s.* per lb. I have been assured there is but little, if any, pure fresh butter in London.

I am, Sir, yours, &c.,
November, 1870. A READER OF THE LANCET.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Parkes; Mr. Loane; Mr. Grieve; Mr. Allsop, Croydon; Dr. Burke; Mr. Livesay; Dr. Gray; Mr. P. Reid; Dr. Riding; Mr. J. Fry; Mr. Levi; Dr. Edmonds, Hastings; Mr. Ferguson; Mr. Bellamy; Mr. Smith; Mr. Hill; Mr. Gorst; Mr. Green, Truro; Mr. Herries; Mr. T. Geary, Pentwhistle; Mr. Young, Warrington; Dr. Roberts, Cassell; Mr. Weston; Mr. Croft; Mr. James, Oundle; Mr. Connor, Worksop; Dr. Clarke, Netley; Dr. Thomas, Maesteg; Dr. St. Clair, Glasgow; Mr. Dunkley; Mr. Griffiths, Dartmouth; Mr. Bly; Mr. White; Mr. Robins; Mr. T. Ryan, Axminster; Dr. Black, Glasgow; Mr. R. Moffat, Falkirk; Dr. Topham, Torquay; Dr. Goldie, Withington; Dr. Burns, Glasgow; Mr. Jackson; Mr. Boulland, Hartlepool; Mr. Giles, Coggeshall; Dr. Campbell; Mr. Watt; Mr. Williams, Norwich; Mr. Bigg; Mr. Sewill; Dr. Adye-Curran, Poona; Mr. Drew; Dr. O'Reilly, Dalhousie; Dr. England; Dr. Macintosh; Mr. Cording; Mr. Woolley; Dr. Crowther, Hagsthorpe; Dr. Rose, Chesterfield; Mr. Balfour, Montrose; Dr. Grant; Mr. Pennefather; Mr. Evans; Miss Soden, Bath; Dr. Burman, Exeter; Dr. Farquharson, Rugby; Mr. Atkinson; Mr. George, Salford; Mr. M'Kay, Lanark; Dr. Caton, Fairfield; Mr. Kane; Mr. Tucker; Dr. Morehead, Edinburgh; Mr. Cass, Liverpool; Mr. Moxon, Guildford; Mr. E. Bennett, Worksop; Dr. Bucknill, Rugby; Mr. Middleton; Mr. Orton, Plymouth; Dr. Blair, Lanark; Dr. Dickson, Newton Stewart; Mr. Nisbet; Mr. Leroy, Brussels; Mr. Poole; Dr. Anderson, Coventry; Mr. Moore; Mr. Symon; Mr. Adams, Canterbury; Dr. Williams, King's Lynn; Mr. Lesson, Teddington; Dr. Wood, Shrewsbury; Messrs. Argles and Co.; Mr. Fowler, Cirencester; Mr. Pilkington, Chorley; Dr. Barry; F.R.C.S.; Subscriber; L.R.C.P.; The Editor of the *Pharmaceutical Journal*; M.D.; Justice; S., Colombo; Beno; Vigilans; Anthropological Society; M. D. S.; B. A.; An 1870 Edinburgh Medical Student; R. H. H.; A Mother; F. G. S.; X. Y. Z.; Another Member of the Medico-Chirurgical Society; &c. &c.

British Journal of Dental Science, Philadelphia Medical Times, Woodhall and Claflin's Weekly, Liverpool Mail, Gateshead Observer, Birmingham Daily Post, Lincoln Mercury, Sunderland News-Letter, Bedford Times, Wesgarce Asylum Report, Shield, Weekly Northern Whig, Hampshire Telegraph, Hertford Mercury, Tower Hamlets Express, Southport Independent, and *Liverpool Mercury* have been received.